#### MICK ABAE MD

#### License Number: ME60217

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 08/01/1991
License Expiration 01/31/2027

Date

### General Information

### **Primary Practice Address**

MICK ABAE MD CNY FERTILITY, PLLC 5922 CATTLEMEN LANE SARASOTA, FL 34232

#### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

#### **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA
WESTSIDE REGIONAL MEDICAL CENTER	PLANTATION	FLORIDA
MEMORIAL REGIONAL HOSPITAL	MIRAMAR	FLORIDA

#### **Email Address**

Please contact at: mickabae@gmail.com

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

#### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

# **Education and Training**

#### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK MEDICAL COLLEGE	MD		06/04/1984

#### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	Dates Attende	d Dates Attende	d
	City State/Country From	To	Degree Title
FAIRLEIGH DICKINSON UNIVERSITY	NEW YORK 01/01/0001	01/01/1979	M.S. BIOLOGY WITH EMPHASIS ON NUTRITION

### **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF VERMONT	FELLOWSHIP	OTHER	REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY	***	VERMONT	06/01/1988	05/30/1991
ST VINCENTS HOSPITAL	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		***	NEW YORK	06/01/1984	05/30/1988

## **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ADJUNCT CLINICAL ASSOCIATE PROFESSOR	NOVA SOUTHEASTERN	DAVIE	FLORIDA

# **Specialty Certification**

#### **Specialty Certification**

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF OBSTETRICS & GYNECOLOG	OTHER	

# Financial Responsibility

#### **Financial Responsibility**

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627.357, F.S.

# **Proceedings and Actions**

#### **Proceedings & Actions**

#### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

#### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

# **Optional Information**

#### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
MEMBERS PRIZE PAPER PRESENTED AT 45TH ANNUAL MEETING OF	AMERICAN FERTILITY SOCIETY
DEPARTMENTAL RECOGNITION FOR ACHEVING 89TH PERCENTILE ON	ABOG EXAM/ST VINCENT'S HOSPITAL, NEW YORK,NY
MAGNA CUM LAUDE, BIOLOGY, DEAN'S LIST 1977	FAIRLEIGH DICKINSON UNIVERSITY

#### **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
TREATMENT BY ASSISTED CONCEPTION OF SEVERY MALE FACTOR INF	JOURNAL OF ASSISTED REPRODUCTIVE GENETICS	01/01/1995
ENDOCRINE PROFILES AND SEMEN QUALITY OF SPINAL CORD INJURE	JOURNAL OF UROLOGY	01/01/1994
IMMUNOREACTIVE ENDOTHELIN-1 CONCENTRATIONS IN FOLLICULAR F	FERTILE. STERIL.	01/01/1994

### **Professional Web Page**

www.fertilityandgenetics.com

### **Languages Other Than English**

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

FARSI

#### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

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Affiliation
AMERICAN COLLEGE OF OBSTETRICS & GYNECOLOGY
AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
FLORIDA SOCIETY OF REPRODUCTIVE ENDOCRINOLOGISTS
FT. LAUDERDALE OBSTETRICS AND GYNECOLOGICAL SOCIETY
MIAMI OBSTRETRICS AND GYNECOLOGICAL SOCIETY
SOCIETY FOR ASSISTED REPRODUCTIVE ENDOCRINOLOGISTS
SOCIETY FOR REPRODUCTIVE ENDOCRINOLOGISTS