



SUSANA MAY MD,

License Number: ME62312

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1982
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

SUSANA MAY MD,
SUSANA MAY, MD
103400 OVERSEAS HWY STE 241
KEY LARGO, FL 33037

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
MARINERS HOSPITAL	TAVERNIER	FLORIDA

Email Address

Please contact at: susanamay@bellsouth.net

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MD
CALIFORNIA	MEDICAL DOCTOR

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
UNIVERSITY OF MIAMI	MD	9/1/1977 - 6/1/1981	06/01/1981

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
			01/01/0001	01/01/0001	MPH MASTER OF PUBLIC HEALTH
UNIVERSITY OF CALIFORNIA	LOS ANGELES	CALIFORNIA	07/01/1982	06/01/1983	MPH MASTER OF PUBLIC HEALTH

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
LOS ANGELES CO HARBOR UCLA	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		LOS ANGELES	CALIFORNIA	07/01/1981	06/30/1982
LOS ANGELES CO USC MEDICAL CENTER	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		***	CALIFORNIA	07/01/1983	08/31/1984
LONG BEACH MEMORIAL MEDICAL CENTER	RESIDENCY	FP - FAMILY MEDICINE		***	CALIFORNIA	07/01/1985	06/30/1987
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	FELLOWSHIP	OTHER	GERIATRIC MEDICINE	***	CALIFORNIA	07/01/1987	06/30/1988

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
CLINICAL ASSISTANT PROFESSOR OF FAMILY MEDICAL	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA
VOLUNTEER FACULTY FAMILY MEDICINE	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	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 FAMILY MEDICINE	FP - FAMILY MEDICINE	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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
WOMAN OF INTEGRITY IN PUBLIC SERVICE	SAMUELS HOUSE
CERTIFICATE OF EXCELLENCE	FL DEPARTMENT OF HEALTH
CERTIFICATE OF APPRECIATION	TAKE STOCK IN CHILDREN MONROE COUNTY EDUCATION FOUNDATION
FAMILY MEDICINE PRECEPTOR	FLORIDA KEYS AGENCY FOR HEALTH EDUCATION COUNCIL
CERTIFICATE OF HUMANITARIANISM	NOVA SOUTHEASTERN UNIVERSITY DOCARE STUDENT CHAPTER

Publications

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

Title	Publication	Date
LISTERIOSIS	GRIFFITH 5-MINUTE CLINICAL CONSULT	01/01/2006

Professional Web Page

susanamayMD.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.
SPANISH

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF FAMILY PHYSICIANS