Florida HEALTH Department of Health

ROBERT LEWIS MOON

License Number: CH6494

Profession	Chiropractic Physician
License Status	Clear/Active
Year Began Practicing	12/01/1991
License Expiration Date	03/31/2028

General Information

Primary Practice Address

ROBERT LEWIS MOON
1190 PINE RIDGE RD
SUITE 1
NAPLES, FL 34108

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

Email Address

Please contact at: **drrobert@moonfamilyhealth.com**

Other State Licenses

This practitioner has not indicated any additional state licensures.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE CHIROPRACTIC COLLEGE-EAST	DC	7/1/1988 - 12/14/1991	12/14/1991

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
LIFE COLLEGE	MARIETTA	GEORGIA	07/05/1988	12/14/1991	B.S. NUTRITION
PARKER COLLEGE OF CHIROPRACTIC	DALLAS	TEXAS	09/13/1998	09/10/2001	DIPLAMATE CLINICAL 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
	OTHER PROGRAM	NUTRITION		ORLANDO	FLORIDA	02/01/1998	03/01/2000

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than $100,000 per claim with a minimum annual aggregate of at least $300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DUI	09/20/1987	NAPLES FL	NO	NOT CORROBORATED	

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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

View Board Actions

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.

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 $5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

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
	VOLUNTEER YMCA

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

www.moonfamilyhealth.com

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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

Affiliation
AMERICAN CHIROPRATIC ASSOCIATION
BOARD CERT/UNKNOWN BOARD/PHYSIOTHERAPY
DIPLOMATE OF THE AMERICAN CHIRPRACTIC BOARD OF NUTRITION
FLORIDA CHIROPRACTIC ASSOCIATION