## MIGUEL ANGEL PAPPOLLA

## License Number: ME64707

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1985
License Expiration 01/31/2027

Date

# General Information

#### **Primary Practice Address**

MIGUEL ANGEL PAPPOLLA 2646 SOUTH LOOP WEST SUITE 106 HOUSTON, TX 77054

#### 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
PARK PLAZA HOSPITAL	HOUSTON	TEXAS

#### **Email Address**

Please contact at: pappolla@aol.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MD
	MD
	MD
MISSISSIPPI	MEDICAL DOCTOR
SOUTH CAROLINA	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
UNIVERSIDAD DE BUENOS AIRES			
UNIVERSIDAD DE BUENOS AIRES	MD	1/1/1972 - 1/1/1978	01/01/1978

# **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

# **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
NORTHEASTERN OHIO	OTHER PROGRAM	PTH - PATHOLOGY		***	OHIO	07/01/1980	06/30/1983
CASE WESTERN RESERVE	FELLOWSHIP	OTHER	NEUROPATHOLOGY	***	OHIO	07/01/1983	06/30/1984
CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	OTHER	NEUROPATHOLOGY	***	OHIO	07/01/1984	06/30/1985
UNIVERSITY OF SOUTH ALABAMA	RESIDENCY	N - NEUROLOGY			ALABAMA	12/01/1996	01/10/2000
PAIN MEDICINE	FELLOWSHIP	OTHER	INTERVENTIONAL PAIN MANAGEMENT	JACKSON	MISSISSIPPI	12/15/2005	12/14/2006

# **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
PROFESSOR	UNIVERSITY OF TEXAS MEDICAL BRANCH AT GA	GALVESTON	TEXAS

# **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 PATHOLOGY	PTH - PATHOLOGY-ANATOMIC AND CLINICAL	
AMERICAN BOARD OF PATHOLOGY	PTH - NEUROPATHOLOGY	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	NEUROLOGY	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	AN - PAIN MANAGEMENT	

# Financial Responsibility

## **Financial Responsibility**

Financial Exemption 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 an affiliation with the following committees:

AWARDS COMMITTEE/AMERICAN ASSOCIATION OF NEUROPATHOLOGISTS

PROGRAM COMMITTEE/AMERICAN ASSOCIATION OF NEUROPATHOLOGIST

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

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

Community Service/Award/Honor	Organization
ASSOCIATE EDITOR	JOURNAL OF ALZHEIMER'S DISEASE
EDITORIAL BOARD MEMBER	JOURNAL OF NEUROPATHOLOGY & NEUROLOGY
NIH SHANNON DIRECTOR'S AWARD 1998	
SCIENTIFIC ADVISOR BOARD MEMBER	UNIVERSITY OF CATALVNYA, BARCELONA
HONOR MEMBER	ARGENTINE ASSOCIATION OF PATHOLOGY

#### **Publications**

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

Title	Publication	Date
A COMPARATIVE IMMUNOHISTOCHEMICAL STUDY OF PROSTATIC AND	AMERICAN JOURNAL OF CLINICAL PATHOLOGISTS	01/01/1983
NEUROFIBRILLARY TANGLES CONTAIN ABNORMAL INSOLUBLE MICROTU	AMERICAN JOURNAL OF CLINICAL PATHOLOGY	01/01/1986
COLLOID INCLUSIONS BODIES IN THE SUBSTANTIA NIGA IN PARKIN	AMERICAN JOURNAL OF CLINICAL PATHOLOGY	01/01/1986
NEUROFILAMENTS AND LEWY BODIES OF PARKINSON'S DISEASE	COLLEGE OF AMERICAN PATHOLOGISTS TODAY	01/01/1987
PAIRED HELICAL FILAMENTS FORM SPONTANEOUSLY IN NORMAL	JOURNAL OF NEUROPATHOLOGY	01/01/1987
DR PAPPOLLA HAS AUTHORED NINETY SIX PEER REVIEWED PUBLICATIONS	SEVERAL	01/31/2018
HYPERHOMOCYSTEINEMIC ALZHEIMER'S MOUSE MODEL OF AMYLOIDOSIS	NEUROBIOL DIS	03/02/2006

## **Professional Web Page**

www.smpsclinic.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

BAYSHORE MEDICAL CENTER, PASADENA, TX

PARK PLAZA HOSPITAL, HOUSTON, TX

UNIVERSITY OF TEXAS MEDICAL BRANCH, GLAVESTON, TX

WESTSIDE SURGICAL HOSPITAL, HOUSTON, TX