# GUILLERMO PEDRO GUBBINS M.D.

## License Number: ME65439

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/1994License Expiration01/31/2026DateDate

# **General Information**

## **Primary Practice Address**

GUILLERMO PEDRO GUBBINS M.D. 475 BILTMORE WAY 207A CORAL GABLES, FL 33134

#### 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
HEALTHSOUTH DOCTORS' HOSPITAL	MIAMI	FLORIDA
BAPTIST HOSPITAL	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	MIAMI	FLORIDA

## **Email Address**

Please contact at: expirables@gastrohealth.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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
CAYETANO HEREDIA PERUVIAN UNIV	MD	1/1/1976 - 1/1/1984	01/01/1984

## **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		Other Specialty		State or	Dates Attended	Dates Attended
Program Name	Туре	Specialty Area	Area	City	Country	From	То
HENRY FORD HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		DETROIT	MICHIGAN	07/01/1985	06/30/1986
HENRY FORD HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		DETROIT	MICHIGAN	07/01/1986	06/30/1988
HENRY FORD HOSPITAL	FELLOWSHIP	IM - GASTROENTEROLOGY		DETROIT	MICHIGAN	07/01/1988	06/30/1991
UNIVERSITY HOSPITAL-A B CHANDLER MEDICAL CENTER	OTHER PROGRAM	IM - GASTROENTEROLOGY	CLINICAL SCHOLAR	LEXINGTON	KENTUCKY	07/01/1991	06/30/1992

# Academic Appointments

#### **Graduate Medical Education**

This practitioner has 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**

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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 INTERNAL MEDICINE	IM - GASTROENTEROLOGY	11/05/1991
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

# 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 not provided any professional or community service activities, honors, or awards.

#### Publications

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

Title	Publication	Date
BAROGENIC PERFORATION OF THE ESOPHAGUS DISTAL TO A STRICTU	JOURNAL OF CLINICAL GASTROENTEROLOGY	01/01/1990
COCAINE-INDUCED HEPATONEPHROTOXICITY IN HUMANS	HENRY FORD HOSPITAL MEDICAL JOURNAL	01/01/1990
COLLAGENOUS COLITIS: REPORT OF NINE CASES AND REVIEW OF TH	) SOUTHERN MEDICAL JOURNAL	01/01/1991

Title	Publication	Date		
HELICOBACTER PYLORI SEROPREVALENCE IN PATIENTS WITH RHEUMA	AMERICAN JOURNAL OF MEDICINE	01/01/1992		
HELICOBACTER PYLORI IS A RISK FACTOR FOR HEPATIC ENCEPHALO	AMERICAN JOURNAL OF GASTROENTEROLOGY	01/01/1993		
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS	2			
Professional Web Page				
www.gastrohealth.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				

I his 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 GASTROENTEROLOGICAL ASSOCIATION