# CARLOS MORTON BARRERA

# License Number: ME65963

ProfessionMedLicense StatusClearYear Began PracticingNotLicense Expiration Date01/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active Not Provided 01/31/2027 Yes

# **General Information**

# **Primary Practice Address**

CARLOS MORTON BARRERA 7190 SW 87 AVENUE SUITE 306 MIAMI, FL 33173-2512

## **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
BAPTIST HOSPITAL	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	MIAMI	FLORIDA
HOMESTEAD HOSPITAL	HOMESTEAD	FLORIDA

# **Email Address**

Please contact at: CBARR84434@aol.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
TULANE MEDICAL SCHOOL	MD	7/1/1979 - 6/30/1983	06/30/1983

# **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
TULANE MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		NEW ORLEANS	LOUISIANA	07/01/1983	06/30/1984
TULANE MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		NEW ORLEANS	LOUISIANA	07/01/1984	06/30/1986
VETERANS ADMINISTRATION HOSPITAL	FELLOWSHIP	M - ENDOCRINOLOGY, DIABETES AND METABOL		NEW ORLEANS	LOUISIANA	07/01/1986	06/30/1989
BOSTON UNIVERSITY	Y FELLOWSHIP	M - PULMONARY DISEASE AND CRITICAL CARE		BOSTON	MASSACHUSETTS	07/01/1991	06/30/1994

# 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**

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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 - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE	

# 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**

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#### **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
OWLS CLUB AWARD	TULANE MEDICAL SCHOOL NEW ORLEANS, LA
BRADY FELLOWSHIP FOR ACADEMIC EXCELLENCE	LOYOLA OF THE SOUTH NEW ORLEANS, LA
SIGMA PI SIGMA, PHYSICS HONOR SOCIETY	PHYSICS HONOR SOCIETY LOYOLA OF THE SOUTH

## **Publications**

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

Title	Publication	Date
EFFECTS OF CAFFEINE & URIC ACID ON A1 ADENOSINE RECEPTOR	PHARMACOLOGY BIOCHEMISTRY & BEHAVIOR	01/01/1990
GROWTH HORMONE (GY)-RELEASING PEPTIDE STIMULATES GH	JOURNAL OF CLINICAL ENDOCRINOLOGY & METABOLISM	01/01/1990
PERMEABILITY OF THE MURINE BLOOD-BRAIN BARRIER	R PROCEEDINGS OF NATIONAL ACADEMY OF SCIENCE	01/01/1990
STEROSPECIFIC TRANSPORT OF TYR-MIF-1 ACROSS BLOOD-BRAIN	BRAIN RESEARCH BULLETIN	01/01/1990
DELIVERING PEPTIDES TO THE CENTRAL NERVOUS SYSTEM: DILEMMA	PHARMACEUTICAL RESEARCH	01/01/1991
EFFECTS OF VARIOUS REPRODUCTIVE HORMONES ON PENETRATION	PHARMACOLOGY BIOCHEMISTRY & BEHAVIOR	01/01/1992
A SIMPLIFIED EQUATION WHICH PREDICTS THE OXYHEMOGLOBIN	IN PREPARATION	
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

# **Professional Web Page**

This practitioner has not provided any professional web page information.

# 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 COLLEGE OF CHEST PHYSICIANS-FELLOW
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF HYPERTENSION
MUSSER-BURCH SOCIETY
NEW YORK ACADEMY OF SCIENCE
SOUTHERN MEDICAL ASSOCIATION