# DOUGLAS HARRY JOYCE DO

# License Number: OS7104

ProfessionOsteopathic PhysicianLicense StatusCLEAR/ActiveYear Began Practicing01/01/1988License Expiration03/31/2026DateDate

# **General Information**

## **Primary Practice Address**

DOUGLAS HARRY JOYCE DO 25092 OLYMPIA AVE, BUILDING 500 PUNTA GORDA, FL 33950

## 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
FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	FLORIDA
BAYFRONT MEDICAL CENTER	PUNTA GORDA	FLORIDA

## **Email Address**

Please contact at: drjoyce@jvai.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	OSTEOPATHIC PHYSICIAN
	OSTEOPATHIC PHYSICIAN
	OSTEOPATHIC PHYSICIAN

## 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
MI STATE UNIV COLL OF OSTEO ME	DO	5/1/1978 - 6/1/1981	06/01/1981

# **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
DEBORAH HEAR- LUNG CTR	FELLOWSHIP	OTHER	CARDIOVASCULAR THORACIC SURGERY	BROWNSMILLS	NEW JERSEY	12/01/1986	11/30/1988
LANSING GENERAL HOSPITAL	RESIDENCY	GS - SURGERY		LANSING	MICHIGAN	08/16/1982	08/15/1985
LANSING GENERAL HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		LANSING	MICHIGAN	07/01/1981	06/30/1982
CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	OTHER	CARDIOVASCULAR THORACIC SURGERY	CLEVELAND	OHIO	07/01/1985	07/31/1986

# 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

# **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 OSTEOPATHIC BOARD OF SURGERY	GS - SURGERY	02/25/1995
AMERICAN OSTEOPATHIC BOARD OF SURGERY	TS - THORACIC SURGERY	

# Financial Responsibility

# **Financial Responsibility**

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

# **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 an affiliation with the following committees: NAT'L CODING-REIMBURSMENT ADVISORY PANEL/AMER OSTEO ASSOC

#### **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
NEW METHOD OF APPLYING FIBRIN SEALANT UTILIZING ATOMIZING	ANNALS OF THORACIC SURGERY	01/01/1989
TRANSATRIAL REPAIR OF THE TETRALOGY OF FALLOT:SURGICAL	AMERICAN COLLEGE OF CHEST PHYSICIANS SURGICAL FILM SECTION	10/30/1989

Title	Publication	Date
BETA RECEPTOR DERANGEMENT IN VENTRICULAR ANEURYSM	AMERICAN PHYSIOLOGIC ASSOCIATION-AM. THORACIC SURGERY	09/01/1989
PSEUDO-ANEURYSM FORMATION AFTER BALLOON DILATION OF		06/01/1990
DISRUPTION OF BLALOCK-TAUSSIG SHUNT BY RAPID DECELERATION	ANNALS OF THORACIC SURGERY	04/01/1990
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

## Professional Web Page

www.jvai.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 BOARD OF VENOUS AND LYMPHATIC MEDICINE

AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS

AMERICAN COLLEGE OF PHLEBOLOGY

AMERICAN OSTEOPATHIC ASSOCIATION

BRD CERT/OSTEO BRD OF SURG, CARDIOVASCULAR THORACIC SURG

FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION