## WILLIAM ALEXIS CAPO

## License Number: ME68087

ProfessionMedical DoctorLicense StatusCLEAR/ActiveYear Began Practicing01/01/1996License Expiration01/31/2026DateDate

# **General Information**

## **Primary Practice Address**

WILLIAM ALEXIS CAPO 6101 WEBB ROAD STE 106 TAMPA, FL 33615

#### Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
TOWN & COUNTRY HOSPITAL	TAMPA	FLORIDA

#### **Email Address**

Please contact at: fmccredentialing@floridamedicalclinic.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	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 CENTRAL DEL ESTE	MD		

## **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		State or	Dates	Dates
Program Name	Туре	Specialty Area	Specialty Area	City	Country	Attended From	Attended To
MAIMONIDES MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		***	NEW YORK	07/01/1990	06/30/1993
LONG ISLAND COLLEGE HOSPITAL	RESIDENCY	IM - CARDIOVASCULAR DISEASE		***	NEW YORK	07/01/1993	06/30/1996

# Academic Appointments

## **Graduate Medical Education**

The practitioner did not provide this mandatory information.

#### **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 BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

# **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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
BATTERY	12/17/2003	HILLSBOROUGH COUNTY FL	NO	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:

#### 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: QUALITY ASSURANCE COMMITTEE/TOWN & COUNTRY HOSPITAL VICE CHIEF OF MEDICINE/TOWN & COUNTRY HOSPITAL ATTENDING CARDIOLOGIST/ST JOSEPH'S & TAMPA GENERAL HOSP INTENSIVE CARE COMMITTEE/TOWN & COUNTRY HOSPITAL BOARD MEMBER/TAMPA BAY LATIN MEDICAL SOCIETY ATTENDING CARDIOLOGIST/TOWN & COUNTRY HOSPITAL

#### **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
TRANSIENT SEVERE ISCHEMIA DURING SEPTIC SHOCK IN A YOUNG W	JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION	06/01/1995

Title	Publication	Date
DOPPLER FLOW PATTERNS IN ATRIAL FLUTTER	65TH SCIENTIFIC SESSIONS OF THE AMERICAN HEART ASSOCIATION	10/10/1992
CORRELATES OF ANGIOGRAPHICALLY PROVEN CORONARY ARTERY	AMERICAN FEDERATION FOR CLINICAL RESEARCH: ABSTRACT 458A	
COMPARISON OF TRANSESOPHAGEAL & TRANSTHORACIC ECHOCARDIOGR	AMERICAN FEDERATION OF CLINICAL RESEARCH: ABSTRACT 446A	
DIFFERENCES & SIMILARITIES IN CARDIAC MANIFESTATIONS OF	AMERICAN FEDERATION OF CLINICAL RESEARCH: ABSTRACT 455	
DETERMINANTS OF LEFT ATRIAL SPONTANEOUS CONTRAST IN MITRAL	AMERICAN FEDERATION FOR CLINICAL RESEARCH: 456A	

#### **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 CARDIOLOGY

AMERICAN COLLEGE OF PHYSICIANS

FLORIDA MEDICAL ASSOCIATION

HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

TAMPA BAY LATIN MEDICAL SOCIETY