



JUAN ANGEL FERNANDEZ

License Number: ME68513

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1995
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

JUAN ANGEL FERNANDEZ
5040 NW 7TH STREET
SUITE 370
MIAMI, FL 33126

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
HEALTHSOUTH DOCTORS' HOSPITAL	MIAMI	FLORIDA
CEDARS MEDICAL CENTER	MIAMI	FLORIDA
CORAL GABLES HOSPITAL	CORAL GABLES	FLORIDA
VENCOR HOSPITAL-CORAL GABLES	CORAL GABLES	FLORIDA
HIALEAH HOSPITAL	HIALEAH	FLORIDA
PALM SPRINGS GENERAL HOSPITAL	HIALEAH	FLORIDA
WESTCHESTER GENERAL HOSPITAL	MIAMI	FLORIDA

Email Address

Please contact at: OFFICE@SFLKP.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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVER CATOLICA DE NORDESTANA	MD	1/1/1976 - 1/1/1978	01/01/1978
UNIV CATOLICA DE NORDESTANA	MD	1/1/1978 - 1/1/1980	01/01/1980

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
FRANKLIN SQUARE MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		BALTIMORE	MARYLAND	01/01/1982	12/30/1982
FRANKLIN SQUARE MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BALTIMORE	MARYLAND	01/01/1983	12/31/1984
FRANKLIN SQUARE MEDICAL CENTER	OTHER PROGRAM	IM - INTERNAL MEDICINE		BALTIMORE	MARYLAND	01/01/1985	12/31/1985
UNIVERSITY MIAMI SCHOOL OF MEDICINE	FELLOWSHIP	IM - NEPHROLOGY		MIAMI	FLORIDA	06/01/1986	08/30/1987
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FELLOWSHIP	IM - NEPHROLOGY		MIAMI	FLORIDA	09/01/1987	09/30/1992

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

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 PHYSICIAN SPECIALTIES	IM - INTERNAL MEDICINE	

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

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

Community Service/Award/Honor	Organization
VOLUNTEER ORGANIZATION AWARD	NATIONAL HEALTH COUNCIL
PHYSICIAN RECOGNITION AWARD	AMERICAN MEDICAL ASSOCIATION

Publications

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

Title	Publication	Date
OUTCOME OF PATIENTS WITH IMMUNODEFICIENCY VIRUS ON HEMO-	KID INT	01/01/1988
HEPATITIS-RELATED RISK FACTORS IN RENAL TRANSPLANT	SURGICAL FORUM	01/01/1990
RECURRENCE OF LUPUS NEPHRITIS IN A RENAL ALLOGRAFT WITH	TRANSPLANTATION	01/01/1990
DETECTION OF ANTIBODY TO HEPATITIS C VIRUS IN RENAL	TRANSPLANTATION PRO	01/01/1991
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
ACUTE RHABDOMYOLYSIS ASSOCIATED WITH COCAINE INTOXICATION	N ENGL J MED	01/01/1998

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 PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF HYPERTENSION
AMERICAN SOCIETY OF NEPHROLOGY
AMERICAN SOCIETY OF TRANSPLANT PHYSICIANS
RENAL PHYSICIANS ASSOCIATION