#### JOSE IGNACIO ALMEIDA

#### License Number: ME69886

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2026

Date

## General Information

#### **Primary Practice Address**

JOSE IGNACIO ALMEIDA 1501 SOUTH MIAMI AVENUE MIAMI VEIN CENTER MIAMI, FL 33129

#### **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
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
DOCTORS HOSPITAL	MIAMI	FLORIDA
MERCY HOSPITAL INC.	MIAMI	FLORIDA

#### **Email Address**

Please contact at: dralmeida@mac.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	RVT

#### 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
UNIVERSITY OF SOUTH FLORIDA			
UNIVERSITY OF SOUTH FLORIDA	M.D.	1/1/1987 - 1/1/1991	01/01/1991

#### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA	01/01/1983	01/01/1987	BS BIOLOGY

### **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
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	INTERNSHIP	GS - SURGERY		MIAMI	FLORIDA	01/01/1991	01/01/1992
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	RESIDENCY	GS - SURGERY		MIAMI	FLORIDA	01/01/1992	01/01/1996
UNIVERSITY OF MISSOURI- COLUMBIA	FELLOWSHIP	GS - VASCULAR SURGERY		COLUMBIA	MISSOURI	01/01/1996	01/01/1998

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

#### **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
VOLUNTARY PROFESSOR OF SURGERY	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

## **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 SURGERY	GS - SURGERY	
AMERICAN BOARD OF SURGERY	GS - VASCULAR SURGERY	01/01/1999

# 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.

The practitioner did not provide this mandatory information.

#### **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: EDITORIAL ADVISORY BOARD FOR ENDOVASCULAR TODAY AND VEIN MAG

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
HONORARY BIOLOGICAL SOCIETY 1982	BETA BETA
PRE-MEDICAL HONOR SOCIETY 1984-1987	ALPHA EPSILON DELTA
HONORS COURSE IN SURGERY 1990	USFCOM

Community Service/Award/Honor	Organization
MOST OUTSTANDING SURGICAL STUDENT 1991	USFCOM

#### **Publications**

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

Title	Dublication	Data
Title	Publication	Date
IN VITRO AGING OF NEURAL CELL AGGREGATES: EFFECTS ON ATT	ANAT REC	01/01/1987
IN VITRO CULTURE AND LABELING OF NEURAL CE AGGREGATES	ELL EXP NETURO	01/01/1987
ACALCULOUS CHOLECYSTITIS: THE USE OF DIAGNOSTIC LAPAROS	J LAPAROENDOSCOPIC SUR	01/01/1995
BEDSIDE LAPAROSCOPY IN THE CRITICALLY ILL PATIENT: EVAL	CHIRURGIA INTERNATIONAL	01/01/1996
CORONARY ARTERY STENTING FOR OCCLUSIVE DISSECTION AFTER	J TRAUMA	01/01/1998
REDUCED MORBIDITY AND MARTALITY OF THE HEPARIN-INDUCED T	J VASC SURG	01/01/1998
HEPARIN-BONDED GRAFTS INDUCE PLATELET AGGREGATION IN THE	J VASC SURG	01/01/1998
BAQUERO J RISK STRATIFICATION OUTCOME OF TRANSLUMINAL	JVIR	01/01/2001
RADIOFREQUENCY ABLATION AND LASER ABLATION THE TREATMENT	ION IN ANN VASC SURG	01/01/2006
FDA APPROVED SOTRADECOL® VERSUS COMPOUNDED STS	DERMATOL SURG	01/01/2007
LASER ABLATION OF CUTANEOUS LEG VEINS	PERSPECT VASC SURG ENDOVASC THER	01/01/2008
AMBULATORY PHLEBECTOMY IN THE OFFICE	PERSPECT VASC SURG ENDOVASC THER	01/01/2008
RADIOFREQUENCY ENDOVENOUS CLOSUREFAST VERSUS LASER ABLATION	® J VASC INTERV RADIOL	01/01/2009
SAPHENOUS LASER ABLATION AT 1470 NM TARGETHE VEIN WALL N	ETS VASC ENDOVASCULAR SURG	01/01/2009

## **Professional Web Page**

www.miamiveincenter.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:

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Affiliation
AMERICAN VENOUS FORUM
FELLOW, AMERICAN COLLEGE OF SURGEONS
INTERNATIONAL SOCIETY FOR VASCULAR SURGERY
JACKSON LAPAROSCOPIC SOCIETY
JACKSON SURGICAL SOCIETY
SOCIETY FOR VASCULAR SURGERY
UNIVERSITY OF MISSOURI SURGICAL SCOIETY