# JOSE IGNACIO ALMEIDA

## License Number: ME69886

ProfessionMedical DoctorLicense StatusCLEAR/ActiveYear Began PracticingNot ProvidedLicense Expiration01/31/2026DateDate

# **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<br>Type | Specialty Area           | Other<br>Specialty<br>Area | City     | State or<br>Country | Dates<br>Attended<br>From | Dates<br>Attended<br>To |
|--|-----------------|--------------------------|----------------------------|----------|---------------------|---------------------------|-------------------------|
| UNIVERSITY OF MIAMI/JACKSON<br>MEMORIAL HOSPITAL | INTERNSHIP      | GS - SURGERY             |                            | MIAMI    | FLORIDA             | 01/01/1991                | 01/01/1992              |
| UNIVERSITY OF MIAMI/JACKSON<br>MEMORIAL HOSPITAL | RESIDENCY       | GS - SURGERY             |                            | MIAMI    | FLORIDA             | 01/01/1992                | 01/01/1996              |
| UNIVERSITY OF MISSOURI-<br>COLUMBIA              | FELLOWSHIP      | GS - VASCULAR<br>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**

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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

MOST OUTSTANDING SURGICAL STUDENT 1991

Organization

USFCOM

#### **Publications**

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

| Title   | Publication                      | Date       |
|---|----------------------------------|------------|
| IN VITRO AGING OF NEURAL CELL AGGREGATES:<br>EFFECTS ON ATT     | ANAT REC                         | 01/01/1987 |
| IN VITRO CULTURE AND LABELING OF NEURAL CELL AGGREGATES         | EXP NETURO                       | 01/01/1987 |
| ACALCULOUS CHOLECYSTITIS: THE USE OF<br>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<br>AGGREGATION IN THE     | J VASC SURG                      | 01/01/1998 |
| BAQUERO J RISK STRATIFICATION OUTCOME OF<br>TRANSLUMINAL        | JVIR                             | 01/01/2001 |
| RADIOFREQUENCY ABLATION AND LASER ABLATION IN THE TREATMENT     | I ANN VASC SURG                  | 01/01/2006 |
| FDA APPROVED SOTRADECOL® VERSUS<br>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®<br>VERSUS LASER ABLATION | J VASC INTERV RADIOL             | 01/01/2009 |
| SAPHENOUS LASER ABLATION AT 1470 NM TARGETS THE VEIN WALL N     | 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:

| 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    |  |
|  |  |