LEONARD SAMUEL LEICHUS

License Number: ME69965

ProfessionMediaLicense StatusClearYear Began Practicing01/01License Expiration Date01/31Controlled Substance Prescriber (for the
Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active 01/01/1996 01/31/2027 Yes

General Information

Primary Practice Address

LEONARD SAMUEL LEICHUS 7054 HEARTLAND CIR TALLAHASSEE, FL 32312

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	TALLAHASSEE	FLORIDA
	TALLAHASSEE	FLORIDA
	TALLAHASSEE	FLORIDA

Email Address

Please contact at: leichus@aol.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
IOWA	MEDICINE
NEW YORK	MEDICINE

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
SUNY HEALTH SCIENCE CENTER AT	MD	1/1/1984 - 5/1/1990	05/01/1990

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
PACE UNIVERSITY	NEW YORK	NEW YORK	09/01/1982	06/30/1986	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
WINTHROP UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		MINEOLA	NEW YORK	07/01/1990	06/30/1991
WINTHROP UNIVERSITY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MINEOLA	NEW YORK	07/01/1991	06/30/1993
UNIVERSITY OF IOWA HOSPITAL CLINICS	FELLOWSHIP	IM - GASTROENTEROLOGY	HEPATOLOGY	IOWA CITY	IOWA	07/01/1993	06/30/1996

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 INTERNAL MEDICINE	IM - GASTROENTEROLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	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 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
EFFECTS OF ROTAVIRUS ON EPITHELIAL TRANSPORT	SMALL INTESTINE. DIGESTIVE DISEASES AND SCIENCES	11/01/1994
ANTIOXIDANT ENZYMES IN INTRAMURAL NERVES OF THE OPOSSUM	ESOPHAGUS. AM. J. PHYSIOLOGY	01/01/1996
PERCUTANEOUS ENDOSCOPIC GASTROSTOMY/JEJUNOSTOMY,TUBE	PLACEMENT: GASTROINTESTINAL ENDOSCOPY	01/01/1996

Title	Publication	Date
EFFECTS OF OXYGEN RADICALS AND RADICAL SCAVENGING ON THE	OPOSSUM LOWER ESOPHAGEAL SPHINCTER. DIGESTIVE DISEASES	01/01/1996
Professional Web Page		
This practitioner has not provided any professional web p	page information.	
Languages Other Than English		
This practitioner has not indicated that any languages of translation service is available for patients, at his/her prin	her than English are used to communicate with patients, or nary place of practice.	that any
Other Affiliations		
This practitioner has provided the following national, state	e, local, county, and professional affiliations:	
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