## MARIO JOSE SEQUEIRA

## License Number: ME75673

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 07/01/1993
License Expiration 01/31/2026

Date

## General Information

### **Primary Practice Address**

MARIO JOSE SEQUEIRA BREVARD SKIN & CANCER CENTER 1286 SOUTH FLORIDA AVENUE ROCKLEDGE, FL 32955

### 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
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA

### **Email Address**

Please contact at: msequeiramd@gmail.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
UNIVERSITY OF MIAMI	MD	9/1/1989 - 5/13/1993	05/13/1993

### **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 MIAMI	CORAL GABLES	FLORIDA	09/01/1986	06/01/1989	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 To
NORTHWESTERN UNIVERSITY	INTERNSHIP	IM - INTERNAL MEDICINE		CHICAGO	ILLINOIS	06/01/1993	06/30/1994
UNIVERSITY OF MIAMI	RESIDENCY	D - DERMATOLOGY	,	MIAMI	FLORIDA	07/01/1994	06/30/1997
AFFILIATED DERMATOLOGY COSMETIC SURGERY CENTER	FELLOWSHIF	OTHER	COSMETIC SURGERY	MORRISTOWN	NEW JERSEY	07/01/1997	06/30/1998

## **Academic Appointments**

### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

### **Academic Appointments**

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

Title	Institution	City State
CLINICAL ASSISTANT PROFESSOR OF DERMATOLOGY AND CUTANEOUS SU	UNIVERSITY OF MIAMI MILLER SCHOOL	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 DERMATOLOGY	D - DERMATOLOGY	

## 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 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
SURGEON OF THE YEAR 2009	FLORIDA SOCIETY OF DERMATOLOGIC SURGEONS
PAST PRESIDENT	FLORIDA SOCIETY OF DERMATOLOGIC SURGEONS
PHI BETA KAPPA	GOLDEN KEY NATIONAL HONOR SOCIETY
EXCELLENCE IN DERMATOLOGIC SURGERY AWARD	UNIVERSITY OF MIAMI

### **Publications**

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

Title	Publication	Date
PROGRESSIVE PULMONARY MICROVASCULAR OCCLUSION IN OVALBAMIN	FASEB JOURNAL	01/01/1991
ESTIMATION OF RATE CONSTANTS FOR REACTIONS OF PULMONARY	JOURNAL OF PHARMACOLOGY & EXPERIMENTAL THERAPEUTICS	01/01/1994
DERMATOLOGIC USES OF INTERFERONS	DERMATOLOGIC CLINICS	01/01/1995
ACQUIRED TUFTED ANGIOMAS RESPONSIVE TO RADIATION THERAPY	JOURNAL OF DERMATOLOGIC THERAPY	01/01/1996
LIPOSUCTION FOR THE PENDULOUS LOWER ABDOMINAL PANNICULUS	COSMETIC DERMATOLOGY	01/01/1997
MINI-EYEBROW LIFT FOR THE PTOTIC EYEBROW	COSMETIC DERMATOLOGY	01/01/1998
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

## **Professional Web Page**

BREVARDSKIN.COM

## **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 ACADEMY OF DERMATOLOGY

AMERICAN SOCIETY FOR MOHS SURGERY

FLORIDA SOCIETY OF DERMATOLOGIC SURGEONS