# MICHEL M MURR MD

# License Number: ME77830

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1998
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

MICHEL M MURR MD BARIATRIC & METABOLIC INSTITUT 3000 MEDICAL PARK DRIVE TAMPA, FL 33613

### **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
	TAMPA	FLORIDA

## **Email Address**

Please contact at: michel.murr.md@adventhealth.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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
AMERICAN UNIVERSITY OF BEIRUT	MD	10/1/1982 - 6/27/1986	06/27/1986

# **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City State/Country Dates Attended Fro	m Dates Attended To	Degree Title
AMERICAN UNIVERSITY OF BEIRUT	10/01/1982	06/30/1986	M.D. MEDICAL DOCTOR

# **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
AMERICAN UNIVERSITY OF BEIRUT	INTERNSHIP	GS - SURGERY				07/01/1986	09/30/1986
UNIVERSITY OF IOWA HOSPITAL	RESIDENCY	PTH- PATHOLOGY		IOWA CITY	IOWA	07/01/1987	06/30/1988
UNIVERSITY OF IOWA HOSPITAL	RESIDENCY	GS - SURGERY		IOWA CITY	IOWA	07/01/1988	06/30/1993
MAYO CLINIC & FOUNDATION	FELLOWSHIF	GS - SURGERY				07/01/1993	06/30/1994
MAYO CLINIC & FOUNDATION	FELLOWSHIF	GS - SURGERY			MINNESOTA	07/01/1997	06/30/1998

# **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
AFFILIATE FACULTY	UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE	ORLANDO	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	

# 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**

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### **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 an affiliation with the following committees: GS Residency Program Committee Adventhealth Tampa

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

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

Community Service/Award/Honor	Organization
PHYSICIAN RECOGNITION AWARD 1997	AMERICAN MEDICAL ASSOCIATION
RESIDENT RESEARCH AWARD 1991	IOWA ACADEMY OF SURGERY
RESIDENT RESEARCH AWARD 1992	IOWA ACADEMY OF SURGERY

### **Publications**

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

Title	Publication	Date
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS	R	
IN-SITU NEURAL ISOLATION OF THE ENTIRE CANINE UPPPER GUT	SURGERY	01/01/1997
SMALL BOWEL TRANSPLANTATION: EFFECTS ON FUNCTION OF NONADR	JOURNAL OF GI SURGERY	01/01/1997
THE SURGEON'S ROLE IN THE TREATMENT OF CHRONIC INTESTINAL	AMERICAN JOURNAL OF GASTROENTEROLOGY	01/01/1995
CONTRACTILE PROPERTIES OF SMOOTH MUSCLE AFTER SMALL BOWEL	AMERICAN JOURNAL OF SURGERY	01/01/1996
ROLE OF NITRIC OXIDE (NO), VIP AND ATP IN INHIBITORY NEURO	JOURNAL OF SURGERY	01/01/1999

# **Professional Web Page**

This practitioner has not provided any professional web page information.

# **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 COLLEGE OF SURGEONS

AMERICAN SOCIETY OF METABOLIC AND BARIATRIC SURGERY