# LUCY GUERRA

# License Number: ME80861

ProfessionMedicalLicense StatusClear/AYear Began Practicing01/01/2License Expiration Date01/31/2Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active 01/01/2000 01/31/2027 Yes

# **General Information**

## **Primary Practice Address**

LUCY GUERRA UF INTERNALMEDICINE-SPRINGHILL UNIVERSITY OF FLORIDA-SHANDS GAINESVILLE, FL 32606

## 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
SHANDS HOSPITAL AT THE UNIVERSITY OF FLO	GAINESVILLE	FLORIDA
		FLORIDA

# **Email Address**

Not Provided

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR
	MEDICAL DOCTOR
	MEDICAL DOCTOR

# 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
MOUNT SINAI SCH OF MEDICINE	MD		05/16/1997

# **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City State/Country	Dates Attended	Dates Attended To	Degree Title
FLORIDA INTERNATIONAL UNIVERSITY	MIAMI FLORIDA	08/01/1991	12/01/1992	MPH MASTER OF PUBLIC HEALTH

## **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
NEW YORK HOSPITAL/CORNELL MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	07/01/1997	06/30/1998
UNIVERSITY OF WISCONSIN HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MADISON	WISCONSIN	07/01/1998	01/01/0001

# 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
COOURTESY FACULTY PROFESSOR OF MEDICINE	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA
PROFESSOR OF MEIDICINE	UNIVERSITY OF FLORIDA	GAINESVILL	E FLORIDA
COURTESY FACULTY PROFESSOR OF FAMILY MEDICINE	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

# **Financial Responsibility**

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Financial Exemption

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 an affiliation with the following committees: AMERICAN MEDICAL ASSOCIATION-MINORITIES IN MEDICINE COMM. AMERICAN COLLEGE OF PHYSICIANS SOCIETY OF GENERAL INTERNAL MEDICINE

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

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

Community Service/Award/Honor	Organization
MEDICAL SOCIETY OF THE STATE OF NEW YORK COMMUNITY	NEW YORK STATE MEDICAL SOCIETY
PHYSICIAN'S RECOGNITION AWARD/JULY 2000-JULY 2003	AMERICAN MEDICAL ASSOCIATION

#### **Publications**

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

ELECTRONIC MEDICAL RECORD DATABASES-A REVIEW OF RECENT LITER THE JOURNAL OF HOSPITAL MEDICINE

08/01/2006

#### **Professional Web Page**

https://internal.medicine.ufl.edu/

#### 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

Publication

## **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

#### Affiliation

FLORIDA MEDICAL ASSOCIATION