



## ALEKSANDAR L KRUNIC

License Number: ME81510

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1991  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

ALEKSANDAR L KRUNIC  
1937 WEST DIVERSEY PARKWAY  
APT 4D  
CHICAGO, IL 60614

### 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
SWEDISH COVENANT HOSPITAL	CHICAGO	ILLINOIS
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	CHICAGO	ILLINOIS
NORTHWESTERN MEMORIAL HOSPITAL	CHICAGO	ILLINOIS
ST JOSEPH HOSPITAL	CHICAGO	ILLINOIS
UNIVERSITY OF ILLINOIS MEDICAL CENTER	CHICAGO	ILLINOIS
JESSE BROWN VA MEDICAL CENTER	CHICAGO	ILLINOIS

### Email Address

Please contact at: [sasakrun@hotmail.com](mailto:sasakrun@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ILLINOIS	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR-TRAINING

### 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 BELGRADE SCH MED	MD		03/22/1988

### Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

### 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
WEST SUBURBAN HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		OAK PARK	ILLINOIS	07/01/1991	02/01/1992
DUKE UNIVERSITY MED CTR	FELLOWSHIP	D - DERMATOLOGY		DURHAM	SOUTH CAROLINA	09/01/1995	06/30/1997
WEST SUBURBAN HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		OAK PARK	ILLINOIS	02/01/2000	06/30/2000
UNIVERSITY OF CHICAGO HOSPITALS	RESIDENCY	D - DERMATOLOGY		CHICAGO	ILLINOIS	07/01/2000	01/01/0001
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER	FELLOWSHIP	D - DERMATOLOGY	MOHS SURGERY	DALLAS	TEXAS	07/01/2003	06/30/2004

## 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
ASSOCIATE PROFESSOR OF DERMATOLOGY	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICI	CHICAGO	ILLINOIS
ADJUNCT ASSOCIATE PROFESSOR OF DERMATOLOGY	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL	CHICAGO	ILLINOIS

## 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

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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.**

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 ACADEMY OF DERMATOLOGY

AMERICAN SOCIETY OF DERMATOLOGIC SUERGERY

INTERNATIONAL SOCIETY OF DERMATOLOGIC SURGERY

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
CUTANEOUS METASTATIC ADENOCARCINOMA OF GALLBLADDER ORI...	INT J DEMATOL	01/01/1995
PRIMARY LOCALIZED CUTAMEOUS HISTOPLASMOSIS IN INT J DERM AIDS.		01/01/1995
PSEUDOPETHELOMATOUS, KERATOTIC AND MICACEOUS BALANITI....	UROL INT	01/01/1996
MULTIPLE ACRAL SYRINGMOATA WITH UNIFORM INVOLVEMENT OF....	CUTIS	01/01/1997
HEREDITARY BULLOUS ACROKERATOTIC POIKILODERMA OF WEARY-...	INT J DERMATOL	01/01/1997
DIFFERENTIAL EXPRESSION OF DESMOSOMAL GLYCOPROTEINS IN....	ACTA DERMATOL VENEREOL	01/01/1996
ECTRODACTYLY, SOFT-TISSUE SYNDACTYLY AND NODULOCY.....	PEDIATR DERMATOL	01/01/1997
RETROPERITOEMAL ROUND-CELL LIPOSARCOMA ASSOCIATED WITH....	INT J DERMATOL	01/01/1997
THIS PRACTITIONER HAS PUBLISHED SEVERAL OTHER ARTICLES.		

Professional Web Page

This practitioner has not provided any professional web page information.

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.  
SERBIAN

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.