



## DOMINIC R RIGANOTTI

License Number: OS8724

Profession	Osteopathic Physician
License Status	REVOKED/
Year Began Practicing	Not Provided
License Expiration Date	03/31/2018
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

DOMINIC R RIGANOTTI  
1881 NE 26TH STREET, SUITE 60  
INFECTIOUS DISEASE ADVISORY  
WILTON MANORS, FL 33305

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [infections.specialist@gmail.com](mailto:infections.specialist@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	INFECTIOUS DISEASE

### 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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIV. OF NEW ENGLAND	DO	8/1/1992 - 6/8/1996	06/08/1996

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
SALEM HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE	AOA ROTATING	SALEM	MASSACHUSETTS	07/01/1996	06/30/1997
SALEM HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	IMMUNOLOGY	SALEM	MASSACHUSETTS	07/01/1997	06/30/1999
UNIVERSITY OF MASSACHUSETTS	FELLOWSHIP	IM - INFECTIOUS DISEASE	IMMUNOLOGY	WORCESTER	MASSACHUSETTS	07/01/1999	06/30/2001
SALEM HOSPITAL	OTHER PROGRAM	IM - INFECTIOUS DISEASE	CHIEF MEDICAL RESIDENT	SALEM	MASSACHUSETTS	07/01/1998	06/30/1999

Academic Appointments

Graduate Medical Education

This practitioner has 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 OSTEOPATHIC BOARD OF INTERNAL M	IM - INTERNAL MEDICINE	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

Proceedings and Actions

Proceedings & 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	11/18/2024	PROBATION	NO
FLORIDA DEPARTMENT OF HEALTH	12/07/2018	REVOCATION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
COSTS	3/13/2012	4/12/2012	4/11/2012	\$ 1,767.46	\$ 1,767.46
FINE	3/13/2012	4/12/2012	4/11/2012	\$ 10,000.00	\$ 10,000.00
PRN	3/13/2012			\$ 0.00	\$ 0.00
MONITOR	3/13/2012	4/12/2012	11/3/2012	\$ 0.00	\$ 0.00
FIRST APPEARANCE	3/13/2012	7/9/2012	11/3/2012	\$ 0.00	\$ 0.00
RESPONDENT REPORT	3/13/2012	9/12/2012	9/25/2012	\$ 0.00	\$ 0.00
RESPONDENT REPORT	3/13/2012	3/12/2013	5/6/2013	\$ 0.00	\$ 0.00
SUPERVISOR'S REPORT	3/13/2012	9/12/2012	9/25/2012	\$ 0.00	\$ 0.00
SUPERVISOR'S REPORT	3/13/2012	12/12/2012	1/25/2013	\$ 0.00	\$ 0.00
SUPERVISOR'S REPORT	3/13/2012	3/12/2013	5/6/2013	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	9/19/2012		11/3/2012	\$ 0.00	\$ 0.00
INDIRECT SUPERVISION	3/13/2012		11/3/2012	\$ 0.00	\$ 0.00
RESPONDENT REPORT	3/13/2012	12/12/2012	1/15/2013	\$ 0.00	\$ 0.00
LAST APPEARANCE	3/12/2012		5/17/2013	\$ 0.00	\$ 0.00
PRN DISMISSAL	1/24/2017			\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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:

IDSA

**Professional or Community Service Awards**

This practitioner has not provided any professional or community service activities, honors, or awards.

**Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

**Professional Web Page**

<http://www.hivdrinwiltonmanors.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 not provided any national, state, local, county, or professional affiliations.

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