



MICHAEL JAMES COLLINS JR

License Number: ME82860

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing Not Provided  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

MICHAEL JAMES COLLINS JR  
6900 INTERNATIONAL CENTER BLVD  
FT MYERS, FL 33912

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
GULF COAST HOSPITAL	FORT MYERS	FLORIDA
LEE MEMORIAL HOSPITAL	FORT MYERS	FLORIDA
LEE MEMORIAL HOSPITAL-HEALTHPARK	FORT MYERS	FLORIDA

### Email Address

Please contact at: [mjc@collinsvision.com](mailto:mjc@collinsvision.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL
	MEDICAL
	MEDICAL

### 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
VANDERBILT UNIVERSITY	MD	8/30/1992 - 5/6/1996	05/06/1996

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
UNIVERSITY OF VIRGINIA	INTERNSHIP	TY - TRANSITIONAL YEAR		ROANOKE	VIRGINIA	06/01/1996	06/30/1997
EMORY UNIVERSITY	RESIDENCY	OPH - OPHTHALMOLOGY		ATLANTA	GEORGIA	07/01/1997	06/30/2000
HUNKELER EYE CENTERS	FELLOWSHIP	OPH - OPHTHALMOLOGY		OVERLAND PARK	KANSAS	07/01/2000	07/30/2001

Academic Appointments

Graduate Medical Education

This practitioner has not 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 BOARD OF OPHTHALMOLOGY	OPH - OPHTHALMOLOGY	

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
ARVO/NATIONAL EYE INSTITUTE TRAVEL FELLOWSHIP GRANT 1998	
STUDENT RESEARCH TRAINING PROGRAM, VANDERBILT 1993	
PHI BETA KAPPA 1991	
REVIEWER FOR JOURNAL OF REFRACTIVE SURGERY	
BEST SCIENTIFIC PRESENTATION AWARD 1999	

**Publications**

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

Title	Publication	Date
EFFECTS OF LASER IN SITU KERATOMILEUSIS (LASIK) ON THE COR	AMERICAN JOURNAL OF OPHTHALMOLOGY 131:1:1-6	01/01/2001

Title	Publication	Date
METASTATIC ESOPHAGEAL CARCINOMA TO THE ORBIT	AMERICAN JOURNAL OPHTHALMOLOGY 127:228-229	01/01/1999
DEVELOPMENT FO A CHITIN ASSAY FOR THE QUANTIFICATION OF FU	SURR EYE RSCH 14 (8):637-41	01/01/1995
LASEK APPROACH CUTS PROBLEMATIC FLAP RISKS	OPHTHALMOLOGY TIMES	07/15/2001
WHAT YOUR LASIK ENHANCEMENT RATE SAYS ABOUT YOU: YOUR PERC	OPHTHALMOLOGY MANAGEMENT	04/01/2001

### Professional Web Page

Collinsvision.com

### 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 ACADEMY OF OPHTHALMOLOGY
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY
ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY
UBTERBNATIONAL SOCIETY OF REFRACTIVE SURGERY