



## CARLO DIZON SANTOS-OCAMPO M.D.

License Number: ME84630

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	06/01/1984
License Expiration Date	01/31/2026

## General Information

### Primary Practice Address

CARLO DIZON SANTOS-OCAMPO M.D.  
399 9TH STREET NORTH  
SUITE 300  
NAPLES, FL 34102

### 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
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
NORTH COLLIER HOSPITAL	NAPLES	FLORIDA

### Email Address

Please contact at: [carlo.santos-ocampo@nchmd.org](mailto:carlo.santos-ocampo@nchmd.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
RHODE ISLAND	MD
PHILLIPINES	MD

### 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
UNIV. OF THE PHILIPPINES	MD		04/27/1984

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF THE PHILIPPINES	DILIMAN, QUEZON CITY	PHILIPPINES	01/01/0001	01/01/0001	BS - PSYCHOLOGY & BIOLOGY

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
BROWN UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	IM - INTERNAL MEDICINE		PROVIDENCE	RHODE ISLAND	07/01/1986	06/30/1989
BROWN UNIVERSITY SCHOOL OF MEDICINE	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		PROVIDENCE	RHODE ISLAND	07/01/1989	06/30/1992

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	09/13/1989
AMERICAN BOARD OF INTERNAL MEDICINE	IC - INTERVENTIONAL CARDIOLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

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
TEN OUTSTANDING YOUNG MEN OF THE PHILLIPINES, 1999	

Publications

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

Title	Publication	Date
NUCLEAR IMAGING IN THE EVALUATION OF RESTENOSIS	ASIANPACIFIC SOCIETY OF INTERVENTIONAL CARDIOLOGY	01/01/1994
EXERCISE, DIPYRIDAMOLE, AND ADENOSINE YIELD COMPARABLE TEC	PHIL J CARDIOVASC MED	01/01/1994

Title	Publication	Date
ECHOCARDIOGRAPHIC ASSESSMENT OF THE CARDIAC ANATOMY IN	AM J MED SCI	01/01/1994
INDEPENDENT PROGNOSTIC VALUE OF INTRAVENOUS DIPYRIDAMOLE	J AM COLL CARDIOL	01/01/1995
NUCLEAR CARDIOLOGY FOLLOWING PERCUTANEOUS TRANSLUMINAL	CURRENT CARDIOLOGY	01/01/1995

### 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.

MANDARIN

CHINESE

SPANISH

### Other Affiliations

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