



WILLIAM DAVID FREEMAN

License Number: ME86173

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2001
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

WILLIAM DAVID FREEMAN
MAYO CLINIC
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224

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
MAYO CLINIC	JACKSONVILLE	FLORIDA

Email Address

Please contact at: freeman.william1@mayo.edu

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL DOCTOR PHYSICIAN AND SURGEON

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 TEXAS SAN ANTONI	MD	8/1/1997 - 5/26/2001	

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 TEXAS AT DALLAS	RICHARDSON	TEXAS	01/01/1994	05/01/1996	BA - 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
MAYO CLINIC	INTERNSHIP	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	06/01/2001	01/01/0001
MAYO CLINIC GRADUATE SCHOOL MEDICINE	RESIDENCY	NEUROLOGY		JACKSONVILLE	UNITED STATES	07/02/2002	06/28/2005
MAYO CLINIC GRADUATE SCHOOL MEDICINE	FELLOWSHIP	NEUROLOGY	CRITICAL CARE NEUROLOGY	ROCHESTER	MINNESOTA	07/02/2005	07/28/2006

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
PROFESSOR OF NEUROLOGY	MAYO CLINIC	JACKSONVILLE	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 PSYCHIATRY AND NEUROLO	N - NEUROLOGY	

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 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
CLUSTER BREATHING ASSOCIATED WITH BIHEMISPHERIC INFARCTION	ARCHIVES OF NEUROLOGY	10/01/2006
MODERN TREATMENT OPTIONS FOR INTRACEREBRAL HEMORRHAGE	CURRENT TREATMENT OPTIONS IN NEUROLOGY	03/01/2006
PITUITARY APOPLEXY	NEUROCITICAL CARE	10/01/2005
LARGE PARASPINAL AND ILIOPSOAS MUSCLE HEMATOMAS	ARCHIVES OF NEUROLOGY	08/01/2005

Title	Publication	Date
36-YEAR-OLD WOMAN WITH LOSS OF CONSCIOUSNESS FEVER AND TAC	MAYO CLINIC PROCEEDINGS	05/01/2005
A CALLUSED CLUE FINGERS THE DIAGNOSIS	ARCHIVES OF NEUROLOGY	03/01/2005
RECOMBINANT FACTOR VIIA FOR RAPID REVERSAL OF WARFARIN ANTIC	MAYO CLINIC PROCEEDINGS	10/01/2004

Professional Web Page

<http://www.mayoclinic.org>

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