



## FRANK JOSEPH PAIANO

License Number: OS9108

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

FRANK JOSEPH PAIANO  
314 B LA GRANDE BLVD  
THE VILLAGES, FL 32159

### 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
LEESBURG REGIONAL MEDICAL CENTER	LEESBURG	FLORIDA
LEESBURG REGIONAL MEDICAL CENTER	THE VILLAGES	FLORIDA

### Email Address

Please contact at: [fpaiano57@imcf.us](mailto:fpaiano57@imcf.us)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	PHYSICIAN ASSISTANT
MISSOURI	MED PHYS/SURG TEMPORARY

### 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
NOVA SOUTHEASTERN UNIVERSITY	DO	8/1/1997 - 5/25/2001	05/27/2001

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
ST JOHNS UNIVERSITY	NEW YORK	NEW YORK	01/02/1977	01/19/1991	BS MEDICINE PHYSICIAN ASSISTANT

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
ST. LUKE'S HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		ST LOUIS	MISSOURI	01/01/1984	06/01/1984
NSU-MIAMI HEART/MT. SINAI MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE	AOA APPROVED INTERNSHIP	MIAMI	FLORIDA	07/01/2001	06/30/2002
NSU-MIAMI HEART/MT. SINAI MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	07/01/2002	06/30/2004

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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ADJUNCT CLINICAL FACULTY< MEDICAL DIRECTOR FOR ACOM UF LEESB	ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE	DOTHAN	ALABAMA

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 do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 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 selfinsurance as provided in s. 627.367, 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
MAIL FRAUD	05/08/1986	NY SOUTHERN DISTRICT	NO	CORROBORATED	

### 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:

Florida Osteopathic Medical Association

AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS

### Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
PSI SIGMA ALPHA	NATIONAL OSTEOPATHIC SCHOLASTIC HONOR SOCIETY
FLORIDA OSTEOPATHIC MEDICAL STUDENT OF THE YEAR 2001	FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION
COLLEGE OF OSTEOPATHIC MEDICINE GRADUATION WITH HONORS	NOVA-SOUTHEASTERN UNIVERSITY
FELLOW OF THE AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS	AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS

### 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

This practitioner has not provided any professional web page information.

### 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
ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE
AMERICAN OSTEOPATHIC ASSOCIATION
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION
ORLANDO COLLEGE OF OSTEOPATHIC MEDICINE