# PABLO RAUL CASTILLO MD

## License Number: ME85695

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing09/01/1993License Expiration01/31/2027DateDate

# **General Information**

## **Primary Practice Address**

PABLO RAUL CASTILLO MD MAYO CLINIC 4500 SAN PABLO RD 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: castillo.pablo@mayo.edu

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MINNESOTA	MD
FLORIDA	TRAINING REGISTRATION

## 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD DE GUAYAQUIL	MD	6/1/1984 - 6/18/1993	

# **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
LOUISIANA STATE UNIVERSITY	RESIDENCY	/ IM - INTERNAL MEDICINE		LAFAYETTE	LOUISIANA	07/01/1997	06/30/1999
MAYO GRADUATE SCHOOL OF MEDICINE		N - NEUROLOGY		ROCHESTER	MINNESOTA	07/01/1999	06/30/2002
BAYLOR COLLEGE OF MEDICINE	OTHER PROGRAM	IM - PULMONARY DISEASE AND CRITICAL CARE	<u>.</u>	HOUSTON	TEXAS	02/01/1997	06/01/1997

# 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
ASSISTANT PROFESSOR OF MEDICINE AND NEUROLOGY	MAYO CLINIC	JACKSONVILE	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	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	10/01/2000
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	MN - INTERNAL MEDICINE/NEUROLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	SLEEP MEDICINE	

# **Financial Responsibility**

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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**

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#### **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
BEST INTERN AWARD	UNIVERSIDAD DE GUAYAQUIL
PHILANTHROPIC SOCITY AWARD	PHILANTROPIC SOCITY OF GUAYAQUIL

#### **Publications**

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

Title	Publication	Date
CREATION OF A BILINGUAL SPANISH-ENGLISH VERSION OF THE QUEST	I NEUROEPIDEMIOLOGY 5 236-9	09/01/2004
UNDETECTABLE CSF HYPOCRETIN-1 IN HASHIMOTO'S ENCEPHALOPATH	NEUROLOGY 25 62 10 1909	05/01/2004
EEG FINDINGS IN STEROID-RESPONSIVE ENCEPHALOPATHY ASSOCIATED	CLIN NEUROPHYSIOL 114 1 32-7	01/01/2003
NEUROCYSTICERCOSIS AMONG PATIENTS WITH BRAIN	ARCH. OF NEUROLOGY	
WORST HEADACHE AND SUBARANOID HEMORHAGE	ANNALS EMERGENCY MEDICINE	
NEUROCYSTICERCOSIS AND ONCOGENESIS	ARCH OF MEDICAL RESEARCH	
STEROID RESPONSIVE ENCEPHALOPATIES	JOURNAL OF NEUROLOGICAL SCIENCES	

#### **Professional Web Page**

http://www.neurology.umn.edu/neurology/faculty/castillo.html

#### 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 provided the following national, state, local, county, and professional affiliations:

## Affiliation

AMERICAN COLLEGE OF PHSYSICIANS