# **AMY MARGUERITE SIMON**

# License Number: ME88562

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

Date

# General Information

# **Primary Practice Address**

AMY MARGUERITE SIMON 1200 16TH ST N SAINT PETERSBURG, FL 33705

#### 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
WUESTHOFF MEMORIAL HOSPITAL	MELBOURNE	FLORIDA
KINDRED HOSPITAL	RIVIERA BEACH	FLORIDA

#### **Email Address**

Please contact at: dro@fpsurgery.net

# **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession	
MICHIGAN	MEDICAL DOCTOR	
GEORGIA	MEDICAL DOCTOR	
TENNESSEE	MEDICAL DOCTOR	

# 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	MD		05/24/1997

#### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended y From	Dates Attended To	Degree Title
TEXAS A&M UNIVERSITY	COLLEGE STATION	TEXAS	08/01/1988	05/01/1992	BS - BACHELOR OF SCIENCE

# **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
MICHIGAN STATE	RESIDENCY	GS - SURGERY		GRAND RAPIDS	MICHIGAN	07/01/1997	06/30/2000
MICHIGAN STATE	RESIDENCY	PS - PLASTIC SURGERY		GRAND RAPIDS	MICHIGAN	07/01/2000	06/30/2002
CENTER FOR BREAST AND BODY CONTOURING	FELLOWSHIP	)	BREAST SURGERY	GRAND RAPIDS	MICHIGAN	07/01/2002	12/31/2002
PACES PLASTIC SURGERY	FELLOWSHIP	PS - PLASTIC SURGERY	OCULOPLASTIC SURGER	ATLANTA	GEORGIA	01/01/2003	06/30/2003

# **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 PLASTIC SURGERY	PS - PLASTIC SURGERY	

# Financial Responsibility

# **Financial Responsibility**

Financial Exemption 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 an affiliation with the following committees:

AMERICAN SOCIETY OF PLASTIC SURGEONS

Florida Society of Plastic Surgeons

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
ONE OF FLORIDA 10 BEST PLASTIC SURGEONS	AMERICAN INSTITUTE OF PLASTIC SURGEONS
PATIENTS CHOICE AWARD	VITALS MDX MEDICAL INC
RECOGNIZED AS ONE OF AMERICAS MOST COMPASSIONATE DOCTORS	VITALS MDX MEDICAL INC

#### **Publications**

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

Title	Publication	Date
UNIPEDICLED AND BIPEDICLED TRAM FLAP BREAST RECONSTRUCTION	PLASTIC AND RECONSTRUCTIVE SURGERY	01/01/2004

Title	Publication	Date
PYODERMA GANGRENOSUM FOLLOWING REDUCTION	CANADIAN JOURNAL OF PLASTIC SURGERY	01/01/2006
ΜΔΜΜΔΡΙ ΔΩΤΥ		

# **Professional Web Page**

https://www.plasticsurgery.org/md/amy-simon-md.html

# **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 SOCIETY OF PLASTIC SURGEONS

FLORIDA SOCIETY OF PLASTIC SURGEONS