



## JOSEPH ANTHONY LUCCI III MD

License Number: ME89612

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

## General Information

### Primary Practice Address

JOSEPH ANTHONY LUCCI III MD  
6431 FANNIN STREET  
MSB 3.110  
HOUSTON, TX 77030

### 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
MEMORIAL HERMANN HOSPITAL SYSTEM	HOUSTON	TEXAS
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON	HOUSTON	TEXAS
ST. JOSEPH MEDICAL CENTER	HOUSTON	TEXAS
HARRIS HEALTH LYNDON BAINES JOHNSON HOSPITAL	HOUSTON	TEXAS

### Email Address

Please contact at: [Joseph.A.Lucci@uth.tmc.edu](mailto:Joseph.A.Lucci@uth.tmc.edu)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MEDICAL DOCTOR
CALIFORNIA	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 MED SCHOOL	MD	9/1/1980 - 6/1/1984	06/02/1984

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
ST EDWARDS UNIVERSITY	AUSTIN	TEXAS	09/01/1976	05/01/1980	B.A. - CHEMISTRY
UNIVERSITY OF TEXAS MEDICAL SCHOOL	HOUSTON	TEXAS	09/01/1980	06/01/1984	M.D. MEDICAL DOCTOR

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 JOSEPH HOSPITAL	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		HOUSTON	TEXAS	07/01/1984	06/01/1985
ST JOSEPH HOSPITAL	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		HOUSTON	TEXAS	07/01/1985	06/01/1988
UNIVERSITY OF CALIFORNIA	FELLOWSHIP	OTHER	GYNECOLOGIC ONCOLOGY	ORANGE	CALIFORNIA	07/01/1988	06/01/1992

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	UNIVERSITY OF TEXAS-HOUSTON MEDICAL SCHOOL	HOUSTON	TEXAS
PROFESSOR OF OBSTETRICS AND GYNECOLOGY	UNIVERSITY OF TEXAS-HOUSTON MEDICAL SCHOOL	HOUSTON	TEXAS

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 OBSTETRICS & GYNECOLOG	OBG - OBSTETRICS AND GYNECOLOGY	11/01/1993

Financial Responsibility

## Financial Responsibility

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

### 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:

NRG Oncology Immunology Committee

BOARD EXAMINER, AMERICAN BOARD OF OBSTETRICS AND GYNECOLOG

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
ASSOCIATION BETWEEN CIGARETTE SMOKING AND PROGNOSIS IN LOCAL	GYNECOLOGIC ONCOLOGY	12/01/2006
RANDOMIZED COMPARISON OF WEEKLY CISPLATIN OR PROTRACTED VENO	JOURNAL CLINICAL ONCOLOGY	10/17/2005
PRIMARY SMALL CELL NEUROENDOCRINE CARCINOMA OF THE VAGINA A	ARCH PATHOL LAB MED	08/01/2004
PHASE II TRIAL OF GEMCITABINE AS SECOND-LINE CHEMOTHERAPY OF	GYNECOLOGIC ONCOLOGY	02/01/2004

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.

SPANISH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
AMERICAN COLLEGE OF SURGEONS
AMERICAN SOCIETY OF CLINICAL ONCOLOGISTS
SOCIETY OF GYNECOLOGIC ONCOLOGISTS