



TRI HUU HUYNH

License Number: OS9920

Profession Osteopathic Physician  
License Status Clear/Active  
Year Began Practicing Not Provided  
License Expiration 03/31/2026  
Date

## General Information

### Primary Practice Address

TRI HUU HUYNH  
8100 COUNTY RD 44  
LEESBURG, FL 34788

### 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
SOUTH LAKE HOSPITAL	CLERMONT	FLORIDA
THE VILLAGE REGIONAL HOSPITAL	LADY LAKE	FLORIDA

### Email Address

Please contact at: [clnliving1@aol.com](mailto:clnliving1@aol.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE	DO	8/1/2000 - 6/6/2004	06/06/2004

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
SUN COAST HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE	AOA APPROVED INTERNSHIP	LARGO	FLORIDA	06/24/2004	06/23/2005
SUN COAST HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	GASTROENTEROLOGY FELLOWSHIP	LARGO	FLORIDA	07/01/2005	06/30/2007
LARGO MEDICAL CENTER	FELLOWSHIP	IM - GASTROENTEROLOGY		LARGO	FLORIDA	06/01/2007	06/01/2010

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner currently holds faculty appointments at the following 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 INTERNAL MEDICINE	IM - GASTROENTEROLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

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 College of Osteopathic Internists
- Florida Osteopathic Medical Association
- American Osteopathic Association
- American Medical Association
- AMERICAN SOCIETY OF GASTROENTEROLOGY ENDOSCOPY
- MEMBER OF AMERICAN COLLEGE OF GASTROENTEROLOGY

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
PHYSICIAN OF THE MONTH	LEESBURG REGIONAL MEDICAL CENTER
RESIDENT LECTURER OF THE YEAR	LARGO MEDICAL CENTER
RESIDENT OF THE QUARTER	SUN COAST HOSPITAL

**Publications**

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

Title	Publication	Date
SCABIES AND PEDICULOSIS	DERM CLINICS OF N. AMERICAN	01/01/2004
PATIENT OUTCOMES AFTER PLACEMENT OF PEG	ABSTRACT PRESENTED AT ACG OCTOBER 2008	10/16/2008
UNDERSTANDING GASTROESOPHAGEAL REFLUX DISEASE	FEDERAL PRACTITIONER	06/01/2010

### Professional Web Page

www.agsaflorida.com

### 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.

VIETNAMESE

SPANISH

### Other Affiliations

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