



## FERNANDO J BIANCO

License Number: ME101850

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/1997  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

FERNANDO J BIANCO  
2140 WEST 68TH STREET  
SUITE 200  
HIALEAH, FL 33016

### 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
DOCTORS HOSPITAL	CORAL GABLES	FLORIDA
PALMETTO GENERAL HOSPITAL	HIALEAH	FLORIDA
CORAL GABLES HOSPITAL	CORAL GABLES	FLORIDA
MERCY HOSPITAL INC.	MIAMI	FLORIDA

### Email Address

Please contact at: [drbianco@besturology.net](mailto:drbianco@besturology.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	
NEW YORK	
DISTRICT OF COLUMBIA	

### 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 CENTRAL DE VENEZUELA	MD	3/7/1988 - 6/1/1995	06/01/1995

## 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
WAYNE STE UNIVERSITY	INTERNSHIP	GS - SURGERY		DETROIT	MICHIGAN	07/01/1997	06/30/1998
WAYNE STATE UNIVERSOTY	RESIDENCY	GS - SURGERY		DETROIT	MICHIGAN	07/01/1998	06/30/1999
WAYNE STATE UNIVERSITY	RESIDENCY	U - UROLOGY		DETROIT	MICHIGAN	07/01/1999	06/30/2003
MEMORIAL SLOAN-KETTERING CENTER	FELLOWSHIP	U - UROLOGY	ONCOLOGY- LAPAROSCOPY	NEWYORK	NEW YORK	07/01/2003	08/01/2006

## Academic Appointments

### Graduate Medical Education

This practitioner has 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 UROLOGY	U - UROLOGY	08/01/2003

## Financial Responsibility

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I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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](#).**

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
04/01/2015	DADE		08/22/2017	\$240,000.00	\$250,000.00
01/04/2016	DADE		08/25/2020	\$250,000.00	\$250,000.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

AMERICAN UROLOGICAL ASSOCIATION  
EUROPEAN UROLOGICAL ASSOCIATION  
SPAREDCommittee-FDA

### 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
PLEASE SEARCH BIANCO FJ IN PUB MED	NUMEROUS	08/01/2019

## **Professional Web Page**

[www.besturologyclinic.com](http://www.besturologyclinic.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.

ITALIAN

SPANISH

PORTUGUESE

## **Other Affiliations**

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

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