



## DAVID JEREMIAH MAGNESS

### License Number: OS11617

Profession Osteopathic Physician  
License Status Clear/Active  
Year Began Practicing 09/03/2010  
License Expiration Date 03/31/2028  
Controlled Substance Prescriber (for the Yes  
Treatment of Chronic Non-malignant  
Pain)

## General Information

### Primary Practice Address

DAVID JEREMIAH MAGNESS  
960 BACKSTAGE LN  
LAKE BUENA VISTA, FL 32830

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [dmagnessdo@gmail.com](mailto:dmagnessdo@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
WISCONSIN	OSTEOPATHIC PHYSICIAN

### 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
NOVA SOUTHEASTERN UNIVERSITY	DO	8/1/2005 - 5/24/2009	05/24/2009

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country From	Dates Attended	Dates Attended To	Degree Title
UNIVERSITY OF WISCONSIN	EAU CLAIRE	WISCONSIN	08/01/2016	05/30/2020	MBA ADMINISTRATION & MANAGEMENT OF HEALTH

## 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
AURORA/ST. LUKE'S FAMILY MEDICINE RESIDENCY	INTERNSHIP	FP - FAMILY PRACTICE	AOA APPROVED INTERNSHIP	MILWAUKEE	WISCONSIN	07/01/2009	06/30/2010
AURORA/ST. LUKE'S FAMILY MEDICINE RESIDENCY	RESIDENCY	FP - FAMILY PRACTICE		MILWAUKEE	WISCONSIN	07/01/2010	06/30/2012

## 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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## Financial Responsibility

### Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 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 selfinsurance as provided in s. 627.367, 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:

American College of Osteopathic Family Physicians

American Osteopathic Association

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

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

Community Service/Award/Honor	Organization
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NATIONAL HEALTH SERVICE CORPS SCHOLAR

### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### **Professional Web Page**

This practitioner has not provided any professional web page information.

### **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

WISCONSIN MEDICAL SOCIETY COUNCIL