

MOHAMAD R SAMIIAN

License Number: ME20018

Profession	Medical Doctor
License Status	Retired/
Year Began Practicing	01/01/1973
License Expiration Date	01/31/2010

General Information

Primary Practice Address

MOHAMAD R SAMIIAN
9134 BEAUCLERC CIR W
JACKSONVILLE, FL 32257

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
ST. LUKE'S HOSPITAL	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA

Email Address

Please contact at: rsamiian@aol.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL
VIRGINIA	MEDICAL
MARYLAND	MEDICAL
COLORADO	MEDICAL

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 not indicated whether he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
TEHERAN UNIVERSITY	MD	1/1/1959 - 1/1/1966	01/01/1966

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
EASTERN VETERAN AFFAIRS MEDICAL SCHOOL	FELLOWSHIP	PS - PLASTIC SURGERY		NORFOLK	VIRGINIA	01/01/1984	06/30/1984
UNIVERSITY MEDICAL CENTER- UNIV OF FL HEALTH SCIENCE CENTER	RESIDENCY	PS - PLASTIC SURGERY		JACKSONVILLE	FLORIDA	07/01/1971	06/30/1973
WASHINGTON HOSPITAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		WASHINGTON	DISTRICT OF COLUMBIA	09/01/1966	08/31/1967
UNIVERSITY MEDICAL CENTER- UNIV OF FL HEALTH SCIENCE CENTER	RESIDENCY	GS - SURGERY		JACKSONVILLE	FLORIDA	09/01/1967	06/30/1971

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 SURGERY	GS - SURGERY	
AMERICAN BOARD OF PLASTIC SURGERY	PS - PLASTIC SURGERY	

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

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.

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
04/13/2004	DUVAL	16-2004-CA-0012	04/30/2021	\$250,000.00	\$0.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
CREDENTIAL COMMITTEE/SAINT LUKES HOSPITAL

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

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 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.

OTHER
PERSIAN

Other Affiliations

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

Affiliation
AMERICAN SOCIETY FOR LASER IN MEDICINE AND SURGERY
AMERICAN SOCIETY OF AESTHETIC PLASTIC SURGEONS
AMERICAN SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEONS
DUVAL COUNTY MEDICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION
FLORIDA SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEONS
GREATER JACKSONVILLE SOCIETY OF PLASTIC SURGEONS