



MICHAEL J KATIN MD

License Number: ME26427

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1972
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

MICHAEL J KATIN MD
9150 PENZANCE BLVD.
FORT MYERS, FL 33912

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
LEE MEMORIAL HOSPITAL	FORT MYERS	FLORIDA
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
CAPE CORAL HOSPITAL	CAPE CORAL	FLORIDA
LEHIGH REGIONAL MEDICAL CENTER	LEHIGH ACRES	FLORIDA
PEACE RIVER REGIONAL MEDICAL CENTER	PORT CHARLOTTE	FLORIDA
FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	FLORIDA
CHARLOTTE REGIONAL MEDICAL CENTER	PUNTA GORDA	FLORIDA
GULF COAST MEDICAL CENTER	FORT MYERS	FLORIDA
CAPE CORAL SURGERY CENTER	CAPE CORAL	FLORIDA
ENGLEWOOD COUMMUNITY HOSPITAL	ENGELWOOD	FLORIDA
NORTH VISTA HOSPITAL	NORTH LAS VEGAS	NEVADA

Email Address

Please contact at: katinmj@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ALABAMA	MEDICAL
NEVADA	MEDICAL
CALIFORNIA	MEDICAL
TEXAS	MEDICAL
NEW YORK	MEDICAL
MINNESOTA	MEDICAL

State	Profession
MARYLAND	MEDICAL
ARIZONA	MEDICAL
NEW JERSEY	MEDICAL
COLORADO	MEDICAL
MASSACHUSETTS	MEDICAL
WEST VIRGINIA	MEDICAL
KENTUCKY	MEDICAL
MICHIGAN	MEDICAL
NORTH CAROLINA	MEDICAL
RHODE ISLAND	MEDICAL
WASHINGTON	MEDICAL
DELAWARE	MEDICAL
SOUTH CAROLINA	MEDICAL
TENNESSEE	MEDICAL
OREGON	MEDICAL - LOCUMS

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 PENNSYLVANIA	MD	9/1/1969 - 5/22/1972	05/22/1972

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
UNIVERSITY OF PENNSYLVANIA	PHILADELPHIA	PENNSYLVANIA	09/01/1965	05/16/1969	BA - BIOLOGY

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
MASSACHUSETTS GENERAL HOSPITAL	RESIDENCY	RO - RADIATION ONCOLOGY		BOSTON	MASSACHUSETTS	07/01/1979	06/30/1981
NATIONAL INSTITUTE OF HEALTH	FELLOWSHIP	IM - HEMATOLOGY AND ONCOLOGY		BETHESDA	MARYLAND	07/01/1977	06/30/1979
LANKENAU HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	06/20/1972	06/30/1975
LANKENAU HOSPITAL	FELLOWSHIP	IM - NEPHROLOGY		PHILADELPHIA	PENNSYLVANIA	08/25/1975	06/30/1978
ROSWELL PARK MEMORIAL INSTITUTE	FELLOWSHIP	IM - ONCOLOGY		BUFFALO	NEW YORK	07/01/1976	06/30/1977

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
VOLUNTARY CLINICAL ASSOCIATE PROFESSOR DEPT OF RADIOLOGY	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

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 RADIOLOGY	RO - RADIATION ONCOLOGY	06/03/1983
AMERICAN BOARD OF INTERNAL MEDICINE	IM - HEMATOLOGY	11/11/1986
AMERICAN BOARD OF INTERNAL MEDICINE	IM - GERIATRIC MEDICINE	04/12/1994
AMERICAN BOARD OF INTERNAL MEDICINE	IM - ONCOLOGY	11/10/1981
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	06/16/1976

Financial Responsibility

Financial Responsibility

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](#).
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 not indicated any committees on which they serve for any health entity with which they are affiliated.

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
USING STRONTIUM-89 TO CONTROL BONE PAIN	CONTEMPORARY ONCOLOGY	03/01/1994
RADIATION AND CHEMOTHERAPY: TREATMENT OF LOCALIZED PANCREA	JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION	06/01/1994
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

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
AMERICAN COLLEGE OF PHYSICIANS-FELLOW
AMERICAN COLLEGE OF RADIATION ONCOLOGY-FELLOW
AMERICAN COLLEGE OF RADIOLOGY-FELLOW
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
AMERICAN SOCIETY OF THERAPEUTIC RADIOLOGY & ONCOLOGY

Affiliation
ASSOCIATION OF FREESTANDING RADIATION ONCOLOGY CENTERS
FLORIDA MEDICAL SOCIETY
FLORIDA RADIOLOGICAL SOCIETY
LEE COUNTY MEDICAL SOCIETY
RADIOLOGICAL SOCIETY OF NORTH AMERICA