



JOSE F ALLONGO JR

License Number: ME41459

Profession	Medical Doctor
License Status	Obligations/Active
Year Began Practicing	01/01/1983
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

JOSE F ALLONGO JR
13005 SOUTHERN BLVD SUITE 241
SUITE 241
LOXAHATCHEE, FL 33470

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
PALMS WEST HOSPITAL	LOXAHATCHEE	FLORIDA
WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FLORIDA

Email Address

Please contact at: runrun0420@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
LOYOLA UNIVERSITY OF CHICAGO	BS	1/1/1974 - 1/1/1976	01/01/1976
RUSH MED COLLEG OF RUSH UNIV	MD	1/1/1976 - 1/1/1980	01/01/1980

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
EHS CHRIST HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		***	ILLINOIS	07/01/1980	06/30/1981
EHS CHRIST HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		***	ILLINOIS	07/01/1981	06/30/1983
PALM BEACH COUNTY PUBLIC HEALTH	RESIDENCY	GPM - PREVENTIVE MEDICINE	PUBLIC HEALTH	***	FLORIDA	07/01/1983	06/30/1984
PALM BEACH COUNTY PUBLIC HEALTH	RESIDENCY	GPM - PREVENTIVE MEDICINE	PUBLIC HEALTH	***	FLORIDA	07/01/1984	05/31/1985

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By		Date Of Action	Description of Disciplinary Action		Under Appeal
FLORIDA DEPARTMENT OF HEALTH		03/07/2023	OBLIGATIONS IMPOSED		NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	3/7/2023	4/6/2023	3/28/2023	\$ 5,000.00	\$ 4,999.30
FL CARES EVALUATION	3/7/2023	12/6/2023	7/14/2024	\$ 0.00	\$ 0.00
APPEARANCES	3/7/2023		7/25/2024	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	8/29/2024		8/29/2024	\$ 0.00	\$ 0.00
COSTS	3/7/2023	4/6/2023	3/28/2023	\$ 3,667.70	\$ 3,667.70
SUBSEQUENT ORDER	8/21/2023		8/21/2023	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	8/29/2024			\$ 0.00	\$ 0.00
CE: DRUG COURSE		3/6/2024		\$ 0.00	\$ 0.00
CE: LAWS, RULES, AND ETHICS C	4/22/2023	3/6/2024	4/22/2023	\$ 0.00	\$ 0.00
CE: MEDICAL RECORDS	1/11/2025	8/28/2025	1/11/2025	\$ 0.00	\$ 0.00
CE: CARDIOVASCULAR DISEASE		8/28/2025		\$ 0.00	\$ 0.00
CE: PAIN MANAGEMENT		8/28/2025		\$ 0.00	\$ 0.00
CE: PULMONARY	3/28/2025	8/28/2025	3/28/2025	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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:

- STATE OF FLORIDA, PHYSICIAN ADVISORY PANEL
- CHPA DISTRICT A PHYSICIAN INPUT PANEL
- PRUDENTIAL HEALTH PEER REVIEW ADVISORY BOARD
- UNITED HEALTH CARE MEDICAL ADVISORY COMMITTEE

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CERTIFICATE OF APPRECIATION	PALM BEACH LAKE HIGH SCHOOL
CERTIFICATE OF APPRECIATION	BEAR LAKE MIDDLE SCHOOL
PHYSICIANS RECOGNITION AWARD	AMERICAN MEDICAL ASSOCIATION

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.

SPANISH

Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF PHYSICIANS-FELLOW
AMERICAN SOCIETY OF INTERNAL MEDICINE
LATIN AMERICAN MEDICAL ASSOCIATION