### PETER LAMELAS MD

#### License Number: ME43423

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1983
License Expiration 01/31/2027

Date

## **General Information**

### **Primary Practice Address**

PETER LAMELAS MD 65 SPOONBILL RD MANALAPAN, FL 33462

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

### **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	WEST PALM BEACH	FLORIDA
	PALM BEACH GARDENS	FLORIDA

### **Email Address**

Please contact at: pldoc@aol.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
WYOMING	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
UNIVERSIDAD CENTRAL DEL ESTE	MD	4/1/1978 - 9/1/1981	01/01/1982

#### **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
NOVA UNIVERSITY	FT LAUDERDALE	FLORIDA	07/01/1991	08/30/1993	MBA ADMINISTRATION & MANAGEMENT OF HEALTH

## **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

			Other			Dates	Dates
Program Name	Program Type	Specialty Area	Specialty Area	City	State or Country	Attended From	Attended To
FRANKLIN REGIONAL MEDICAL CENTER	RESIDENCY	FP - FAMILY MEDICINE		***	PENNSYLVANIA	07/01/1982	06/30/1983
CARNEY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		***	MASSACHUSETTS	07/01/1983	06/30/1984
UNIVERSITY OF CONNECTICUT SCHL OF MED	RESIDENCY	IM - INTERNAL MEDICINE		***	CONNECTICUT	07/01/1984	06/30/1985
ST FRANCES HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		***	ILLINOIS	07/01/1985	06/30/1986

# **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 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 ASSOCIATION OF PHYSICIAN SPEC.	EM - EMERGENCY MEDICINE	

# 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 an affiliation with the following committees:

Past Board Member Urgent Care Association of America (UCAOA)

Past Medical Executive Committee (Columbia Hospital)

Past Pres. Society of Correctional Physicians

Urgent Care Assoc UCA, Certification Accreditation Committee

American College of Emergency Physicians

Florida Medical Association

Florida College of Emergency Medicine

Palm Beach County Medical Society

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

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

Community Service/Award/Honor	Organization
COMMISSIONER	TOWN OF MANALAPAN FLORIDA
PREVIOUS BOARD MEMBER FLORIDA BOARD OF MEDICINE	STATE OF FLORIDA BOARD OF MEDICINE-MQA
OUTSTANDING ACHIEVEMENTS AWARD	URGENT CARE ASSOCIATION
PRESIDENTIAL APPOINTMENT	US DEPART OF JUSTICE BJA, PUBLIC SAFETY MEDAL OF VALOR BOARD

#### **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:

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Affiliation
AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
FLORIDA COLLEGE OF EMERGENCY MEDICINE
FLORIDA MEDICAL ASSOCIATION
PALM BEACH COUNTY MEDICAL SOCIETY
URGENT CARE ASSOCIATION - UCA