### JORGE ANTUNEZ DE MAYOLO

### License Number: ME47826

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2026

Date

# General Information

### **Primary Practice Address**

JORGE ANTUNEZ DE MAYOLO 3137 WELLESLEY SQ JACKSONVILLE, FL 32207

#### Medicaid

This practitioner DOES participate in the Medicaid program.

### **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	MIAMI	FLORIDA

## **Email Address**

Please contact at: drantunez@mac.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
DISTRICT OF COLUMBIA	MEDICAL DOCTOR

### 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
UNIV. PERUANA CAYETANO HEREDIA	MD	4/1/1975 - 3/31/1983	03/31/1983

### **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City State/Countr	y Dates Attended From	Dates Attended To	Degree Title
UNIV PERUANA CAYETANO HEREDIA	LIMA PERU	04/01/1975	03/31/1983	M.D. MEDICAL DOCTOR

# **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
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	07/01/1984	06/30/1987
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	IM - HEMATOLOGY	INTERNAL MEDICINE	MIAMI	FLORIDA	07/01/1987	06/30/1989
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	IM - ONCOLOGY		MIAMI	FLORIDA	07/01/1989	06/30/1990
NIH - NHLBI	OTHER PROGRAM	OTHER	CLINICAL HEMATOLOGY	BETHESDA	MARYLAND	07/01/1990	02/01/1992

# **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
CLINICAL ASSISTANT PROFESSOR	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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - HEMATOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - ONCOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - GERIATRIC 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:

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.

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
04/04/2013			10/17/2018	\$500,000.00	\$0.00
04/04/2013	DADE	16-0200626CA06	10/17/2018	\$500,000.00	\$500,000.00

# **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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
MEDICAL DIRECTOR	LEAGUE AGAINST CANCER

#### **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** 

**FRENCH** 

**ITALIAN** 

**PORTUGUESE** 

#### **Other Affiliations**

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

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Affiliation
AMERICAN ACADEMY FOR THE ADVANCEMENT OF SCIENCE
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
AMERICAN SOCIETY OF HEMATOLOGY
FELLOW, AMERICAN COLLEGE OF PHYSICIANS