



## MARCO GHIGNONE

License Number: ME49902

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1974
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

MARCO GHIGNONE  
2051 45TH ST  
STREET #108  
WEST PALM BEACH, FL 33407

### 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
JFK MEDICAL CENTER	WEST PALM BEACH	FLORIDA

### Email Address

Please contact at: [ghignonem@bellsouth.net](mailto:ghignonem@bellsouth.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MEDICAL
MAINE	MEDICAL
TEXAS	MEDICAL
PENNSYLVANIA	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 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. DI TORINO	MD	7/1/1967 - 6/1/1973	06/01/1973

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 MIAMI	MIAMI	FLORIDA	01/10/1990	05/30/1992	MBA ADMINISTRATION & MANAGEMENT OF HEALTH

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 OTTAWA	RESIDENCY	AN - ANESTHESIOLOGY		OTTAWA ONTARIO	CANADA	07/01/1977	06/30/1978
UNIVERSITY OF OTTAWA	RESIDENCY	IM - INTERNAL MEDICINE		OTTAWA ONTARIO	CANADA	07/01/1978	06/30/1979
UNIVERSITY OF OTTAWA	RESIDENCY	AN - ANESTHESIOLOGY		OTTAWA ONTARIO	CANADA	07/01/1979	06/30/1980
UNIVERSITY OF MANITOBA	FELLOWSHIP	IM - CRITICAL CARE MEDICINE		WINNIPEG MANITOBA	CANADA	07/01/1980	06/30/1981

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 PROFESSOR	BARRY UNIVERSITY	MIAMI	FLORIDA
CLINICAL ASSOCIATE PROFESSOR	NOVA SOUTHEASTERN UNIVERSITY	FT LAUDERDALE	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 ANESTHESIOLOGY	AN - ANESTHESIOLOGY	
AMERICAN BOARD OF ANESTHESIOLOGY	AN - PAIN MANAGEMENT	
AMERICAN BOARD OF ANESTHESIOLOGY	IM - CRITICAL CARE MEDICINE	
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:

**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:

BLOOD TRANSFUSION COMMITTEE

PAIN CARE 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
OUTSTANDING PHYSICIAN AWARD 2010	COLUMBIA HOSPITAL
FRIST HUMANITARIAN AWARD 2011	HCA CORPORATION OF AMERICA

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
HEMODYNAMIC MANAGEMENT IN ADULT RESPIRATORY SYNDROME	CLINICS IN CHEST MEDICINE	01/01/1983
EFFECT OF INCREASED PULMONARY VASCULAR RESISTANCE ON RIGHT	AMERICAN JOURNAL OF PHYSIOLOGY	01/01/1984
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
EFFECT OF HYDRALAZINE ON CARDIOPULMONARY FUNCTION IN	ANESTHESIOLOGY	01/01/1983
TREATMENT OF RIGHT VENTRICULAR DYSFUNCTION IN ACUTE	CRITICAL CARE MEDICINE	01/01/1983
TREATMENT OF LOW CANINE PRESSURE PULMONARY EDEMA	AMERICAN REVIEW OF RESPIRATORY DISEASES	01/01/1983

Professional Web Page

Interventional Spine care of Palm Beach (iscpb.com)

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.

ITALIAN  
SPANISH  
FRENCH

Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF ANESTHESIOLOGISTS
FAC APT/BARRY UNIVERSITY, MIAMI, FLORIDA
INTERNATIONAL ANESTHESIA RESEARCH SOCIETY
ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA
SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGY