# MARTIN NEAL ZAIAC

# License Number: ME52008

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1991
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant	
Pain)	
Authorized to Order (Medical and Low-THC Cannabis)	Yes

# **General Information**

#### **Primary Practice Address**

MARTIN NEAL ZAIAC GREATER MIAMI SKIN AND LASER 4308 ALTON ROAD SUITE 750 MIAMI BEACH, FL 33140

#### 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
MOUNT SINAI MEDICAL CENTER	MIAMI	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA

#### **Email Address**

Please contact at: drmartyz@gmail.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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
MEDICAL COLLEGE OF WISCONSIN	MD		06/01/1986

## **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
MEDICAL COLLEGE OF WISCONSIN AND AFFILIATED HOSPITALS	INTERNSHIP	IM - INTERNAL MEDICINE		MILWAUKEE	WISCONSIN	07/01/1986	06/30/1987
MOUNT SINAI MEDICAL CENTER	RESIDENCY	D - DERMATOLOGY		MIAMI BEACH	FLORIDA	07/01/1988	06/30/1989
MOUNT SINAI MEDICAL CENTER	OTHER PROGRAM	D - DERMATOLOGY		MIAMI BEACH	FLORIDA	01/01/1990	06/30/1990

# 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 INSTRUCTOR/VOLUNTEER FACULTY	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 DERMATOLOGY	D - DERMATOLOGY	

# 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: SECRETARY/TREASURER, MIAMI DERMATOLOGIC SOCIETY

#### 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
DERMATOLOGY: JUST THE FACTS: HAIR AND NAILS CHAPTER 22	MCGRAW HILL MEDICAL, PGS. 309-325	01/01/2003
DISEASES OF THE NAIL	RAKEL AND BOPE: CONN'S CURRENT THERAPY PGS 794-798	01/01/2002
MOHS MICROGRAPHIC SURGERY OF THE NAIL UNIT AND SQUAMOUS	DERMATOL SURGERY	03/01/2001

DMMON NAIL CONDITIONS ROBABILITIES OF SELF DIAGNOSING FUNGUS ON TH	CURRENT PRACTICES OF MEDICINE, VOL 3 NO. 3, PGS. 1-7	01/01/2000
	IE CUTIS, VOL 67, PGS 31-32	05/01/2001
RACTITIONER HAS OTHER PUBLICATIONS		
ofessional Web Page		
w.miamiskinandlaser.com		
nguages Other Than English		
is practitioner has indicated that the following language nslation service is available for patients, at his/her prim ANISH	es other than English are used to communicate with patients, c nary place of practice.	r that a
her Affiliations		
is practitioner has provided the following national, state	e, local, county, and professional affiliations:	
filiation		
RERICAN ACADEMY OF DERMATOLOGY		
REVIEW AND A ASSOCIATION		
RERICAN SOCIETY FOR LASER MEDICINE & SURGER	RY	
IERICAN SOCIETY FOR MOHS SURGERY		
JBAN-AMERICAN SOCIETY OF DERMATOLOGY		
ADE COUNTY MEDICAL ASSOCIATION		
ORIDA MEDICAL ASSOCIATION		
ORIDA SOCIETY OF DERMATOLOGY		
ESO AMERICAN ACADEMY OF COSMETIC SURGERY		
ORTH AMERICAN ACADEMY OF COSMETIC & RESTO	RATIVE SURGERY	
AFF PRIV./CLINICAL INSTRUCTOR/BARRY UNIVERSI	TY/MIAMI, FL	