### **NEAL PATRICK DUNN MD**

### License Number: ME57244

Profession Medical Doctor
License Status Appl in Proc/
Year Began Practicing 01/01/1979
License Expiration 01/31/2026

Date

# **General Information**

# **Primary Practice Address**

NEAL PATRICK DUNN MD NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA
	PANAMA CITY	FI ORIDA

### **Email Address**

Not Provided

### **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 is exempt from paying assessment.

# **Education and Training**

# **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
GEORGE WASHINGTON UNIVERSITY	MD	1/1/1975 - 1/1/1979	01/01/1979

### **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		Dates Attended From	Dates Attended To
TRIPLER ARMY MEDICAL CT	INTERNSHIP	GS - SURGERY		HAWAII	07/01/1979	06/30/1980
TRIPLER ARMY MEDICAL CENTER	RESIDENCY	GS - SURGERY		HAWAII	07/01/1980	06/30/1981
WALTER REED ARMY ME	RESIDENCY	U- UROLOGY		DISTRICT OF COLUMBIA	07/01/1983	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 BOARD OF UROLOGY	U - UROLOGY	

# Financial Responsibility

### **Financial Responsibility**

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

# **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
				\$0.00	\$0.00

# **Optional Information**

# Committees/Memberships

This practitioner has an affiliation with the following committees:

FORMER CHIEF OF STAFF, GULF COAST HOSPITAL

FORMER CHIEF OF SURGERY, GULF COAST HOSPITAL

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

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

Community Service/Award/Honor	Organization
FMA COMMENDATION FOR SERVICE	
PHYSICIANS RECOGNITION AWARD	AMA
DISTINGUISHED PHYSICIAN AWARD	AMA

FLORIDA STATE "HEALTHCARE HERO AWARD"

#### **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**

NealDunn.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.

SPANISH

# **Other Affiliations**

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

# Affiliation

AMERICAN COLLEGE OF SURGEONS

AMERICAN UROLOGY ASSOCIATION

EMERALD COAST MEDICAL ASSOCIATION

FLORIDA MAEDICAL ASSOCIATION