Florida HEALTH Department of Health

DANIEL JON REISS D.C.

License Number: CH5947

Profession	Chiropractic Physician
License Status	Clear/Active
Year Began Practicing	01/01/1989
License Expiration Date	03/31/2028

General Information

Primary Practice Address

DANIEL JON REISS D.C.
5353 N. FEDERAL HWY.
SUITE A-220
FT LAUDERDALE, FL 33308

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

Email Address

Please contact at: **docreiss@docreiss.com**

Other State Licenses

This practitioner has not indicated any additional state licensures.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE CHIRO COLLEGE	DC	1/1/1984 - 6/1/1988	06/01/1988

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
CERTIFIED CHIROPRACTIC ACUPUNCTURE PHYSICIAN	OTHER PROGRAM	AN - PAIN MANAGEMENT	ACUPUNCTURE	DAYTONA BEACH	FLORIDA	01/10/2014	04/06/2014
IMPAIRMENT RATING AND THE LAW	OTHER PROGRAM	AN - PAIN MANAGEMENT	AMA IMPAIRMENT FOR DISABILITY EVALUATION	ORLANDO	FLORIDA	07/15/1989	07/16/1989
PHYSICIAN CERTIFICATION FOR WORKERSCOMPENSATION	OTHER PROGRAM	CHIROPRACTIC ORTHOPEDICS	PHYSICIAN CERTIFICATION PROGRAM FOR WORKERS COMPINSATION	PALM BEACH	FLORIDA	08/20/1995	08/21/1995

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 CHIROPRACTIC ASSOCIATION	CHIROPRACTIC INTERNSHIP/RESIDENCY	
INTERNATIONAL CHIROPRACTIC ASSOCIATION	CHIROPRACTIC INTERNSHIP/RESIDENCY	

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than $100,000 per claim with a minimum annual aggregate of at least $300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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

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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.

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 $5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

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 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
PROFESSIONAL TRAINING-ASSIT OF CRIMINAL JUSTIICE INSTRUCTORS	MIAMI-DADE COMMUNITY COLLEGE

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

DocReiss.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
ICA ACA FCA FCS FCPA