## ROGER KHALIL KHOURI

### License Number: ME69615

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2027

Date

## General Information

## **Primary Practice Address**

ROGER KHALIL KHOURI 2734 SW 37TH AVENUE MIAMI, FL 33133

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

## **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
MERCY HOSPITAL INC.	MIAMI	FLORIDA
BAPTIST HOSPITAL OF MIAMI	MIAMI	FLORIDA
DOCTORS HOSPITAL	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	MIAMI	FLORIDA

### **Email Address**

Please contact at: rogerkkhouri@aol.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	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
AMERICAN UNIV OF BEIRUT, FAC O	MD	1/1/1977 - 1/1/1981	01/01/1981
AMERICAN UNIVERSITY OF BEIRUT	M.D.	1/1/1974 - 1/1/1977	01/01/1977

## **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
UNIVERSITY OF NORTH CAROLINA HOSPITAL	INTERNSHIP	GS - SURGERY			NORTH CAROLINA	07/01/1981	06/30/1982
UNIVERSITY OF NORTH CAROLINA HOSPITAL	RESIDENCY	GS - SURGERY			NORTH CAROLINA	07/01/1982	06/30/1985
RHODE ISLAND HOSPITAL	RESIDENCY	PS - PLASTIC SURGERY			RHODE ISLAND	07/01/1985	06/30/1987
BRIGHAM & WOMEN'S HOSPITAL	FELLOWSHIF	P PS - PLASTIC SURGERY			MASSACHUSETTS	07/01/1988	06/30/1989

## **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 PLASTIC SURGERY	PS - PLASTIC SURGERY	
AMERICAN BOARD OF PLASTIC SURGERY	GS - HAND SURGERY	

# Financial Responsibility

## **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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:
PLASTIC & RECONSTRUCTIVE SURGERY JOURNAL EDITORIAL JOURN
CLINICAL GUIDELINES & OUTCOME COMMITTEE 1997-1999
COMMITTEE MEMBER, 1991-1994 PLASTIC SURGERY IN SERVICE EXAM

#### **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
FREE LAPS AS FLOW-THROUGH VASCULAR CONDUITS	PLASTIC & RECONSTRUCTIVE SURGERY 98(2) PP321-	01/01/1996
FOR SIMULTANEO	327	

Title	Publication	Date
IRRIGATION OF TISSUE FACTOR PATHWAY INHIBITOR (TFPI) INHI	ARCHIVES OF SURGERY 131 PP1086-1090	01/01/1996
OSTEOCHONDRAL ALLOGRAFTS WITH AN INTREMEDULLAY MUSCLE FLAP	CLIN. ORTHOP. 334(1) PP282-290	01/01/1997
A10	THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS	

## **Professional Web Page**

www.miamihandcenter.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.

**FRENCH** 

SPANISH

## **Other Affiliations**

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

### Affiliation

AMERICAN ASSOCIATION FOR HAND SURGERY

AMERICAN ASSOCIATION OF MEDICAL COLLEGES & COUNCIL OF ACAD

AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY