



## STEVEN ANTON DUTCHER

License Number: OS8151

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	01/01/2001
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

STEVEN ANTON DUTCHER  
3319 STATE ROAD 7  
SUITE 313  
WELLINGTON, FL 33449

### 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
JUPITER MEDICAL CENTER	JUPITER	FLORIDA
JFK MEDICAL CENTER	ATLANTIS	FLORIDA
PALMS WEST HOSPITAL	LOXAHATCHEE	FLORIDA
PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS	FLORIDA

### Email Address

Please contact at: [drsdutcher@comcast.net](mailto:drsdutcher@comcast.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN - OSTEOPATHIC MEDICINE	

### 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
UNIVERSITY OF OSTEOPATHIC MEDI	DO	9/1/1989 - 6/1/1993	06/01/1993

## 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
WAYNE STATE UNIVERSITY	DETROIT	MICHIGAN	01/01/1995	12/31/1996	PH.D. ANATOMY & PHSIOLOGY
MICHIGAN STATE UNIVERSITY	EAST LANSING	MICHIGAN	01/01/1986	09/01/1989	B.S. MEDICINE

## 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
WAYNE STATE UNIVERSITY- OSTEOPATHIC	INTERNSHIP	TY - TRANSITIONAL YEAR		DETROIT	MICHIGAN	12/01/1993	12/31/1994
WAYNE STATE UNIVERSITY	RESIDENCY	NS - NEUROLOGICAL SURGERY		DETROIT	MICHIGAN	07/01/1993	06/30/2001

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

### 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
AMERICAN BOARD OF NEUROLOGICAL SURGERY	NS - NEUROLOGICAL SURGERY
AMERICAN OSTEOPATHIC BOARD OF SURGERY	NS - NEUROLOGICAL SURGERY

## Financial Responsibility

## Financial Responsibility

I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s.459.0085(5)(g),F.S.I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients and provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

## 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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

#### 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
12/21/2017	PALM BEACH		07/25/2019	\$250,000.00	\$250,000.00
05/30/2020	DADE	50-2022-CA-0055	05/12/2023	\$250,000.00	\$250,000.00

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
05/30/2019	PALM BEACH	502022CA001451X	11/17/2023	\$150,000.00	\$250,000.00

## 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
SCHOLARLY ACTIVITY, WAYNE STATE UNIVERSITY, 1997	

### Publications

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

Title	Publication	Date
GENE EXPRESSION-IN NEUROTRAUMA	NEUROLOGICAL RESEARCH	01/01/2001
CRANIOCEREBRAL MISSILE INJURIES	NEUROLOGICAL RESEARCH	01/01/1998
PATTERNS OF HSP70 FOLLOWING HUMAN TBI	NEUROTRAUMA	01/01/1998

### Professional Web Page

pbneurosurgery.com

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

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

Affiliation
AMERICAN ASSOC. OF NEUROLOGICAL SURGEONS
AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS
AMERICAN OSTEOPATHIC ASSOCIATION
CONGRESS OF NEUROLOGICAL SURGERY