## **MOUNZER SOUED**

## License Number: ME78972

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing Not Provided
License Expiration 01/31/2026

Date

## General Information

## **Primary Practice Address**

MOUNZER SOUED 4531 N. DAVIS HIGHWAY PENSACOLA, FL 32503

#### 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
SANTA ROSA MEDICAL CENTER	MILTON	FLORIDA
BAPTIST HOSPITAL	PENSACOLA	FLORIDA
GULF BREEZE HOSPITAL	GULF BREEZE	FLORIDA
SACRED HEART HOSPITAL	PENSACOLA	FLORIDA

#### **Email Address**

Please contact at: msoued@yahoo.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession	
MISSISSIPPI		

## 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 ALEPPO FACULTY			

## **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
STANLEY H. KAPLAN ED CENTER	INTERNSHIP	OTHER		MEMPHIS	TENNESSEE	08/01/1985	07/30/1986
UNIVERSITY OF CALIFORNIA	FELLOWSHIP	OTHER		SAN FRANCISCO	CALIFORNIA	08/01/1986	05/30/1990
UNIVERSITY OF TENNESSEE	RESIDENCY	IM - INTERNAL MEDICINE		MEMPHIS	TENNESSEE	06/01/1990	06/30/1993
UNIVERSITY OF TENNESSEE	FELLOWSHIP	GASTROENTEROLOGY	(	MEMPHIS	TENNESSEE	07/01/1993	06/30/1996

## **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	Date Certified
AMERICAN BOARD OF INTERNAL MEDICINE	IM - GASTROENTEROLOGY	

# 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.

The practitioner did not provide this mandatory information.

#### **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: AMERICAN MEDICAL ASSOC MEMBER 1996

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

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

Community Service/Award/Honor	Organization
	AMERICAN COLLEGE OF PHYSICIAN, MEMBER 1993

#### **Publications**

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

Title	Publication	Date
TUMOR NECROSIS FACTOR STIMULATES DNA SYNTHESIS IN THE LIVE	BIOPHYS.BIOCHEM.COMMUN	01/01/1988
TOTAL GASTRECTOMY PREVENTS THE INCREASE IN SMALL INTESTINA	DIABETES	01/01/1988

Title	Publication	Date
THE EFFECT OF TNF ON LIPID METABOLISM IN THE	J CLINICAL INVEST	05/01/1989
DIABETIC RATS		

## **Professional Web Page**

endo-world.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

## **Other Affiliations**

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

#### Affiliation

AMERICAN GASTROENTEROLOGY ASSOC, MEMBER 1993