Florida HEALTH Department of Health

LEOVIGILDO DE JESUS REYES

License Number: ME85999

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1989
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

LEOVIGILDO DE JESUS REYES
4401 N ANDREWS AVENUE
PORT ST. LUCIE PAIN & MEDICAL INSTITUTE
OAKLAND PARK, FL 33309

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA

Email Address

Please contact at: **leoreyes@comcast.net**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MD

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
UNIV TEC DE SANTIAGO SCH OF ME	MD		10/04/1985

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
VETERAN ADMINISTRATION MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		SAN JUAN	PUERTO RICO	07/01/1989	06/30/1990
KINGS COUNTY HOSPITAL CENTER	RESIDENCY	OTHER	ANATOMIC PATHOLOGY	BROOKLYN	NEW YORK	07/01/1990	06/30/1992
UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY	RESIDENCY	OTHER	CLINICAL AND ANATOMIC PATHOLOGY	NEWARK	NEW JERSEY	07/01/1992	06/30/1994
EMORY UNIVERSITY HOSPITAL	FELLOWSHIP	PTH - BLOOD BANKING/TRANSFUSION MEDICINE		ATLANTA	GEORGIA	07/01/1994	04/30/1995
ATLANTA INSTITUTE OF PAIN AND REHABILITATION	FELLOWSHIP	AN - PAIN MANAGEMENT		ATLANTA	UNITED STATES	06/01/2005	12/31/2007

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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.

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 Society of Interventional Pain Physicians

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

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

portstluciepaininstitute.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.

PORTUGUESE
FRENCH
SPANISH

Other Affiliations

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

Affiliation
CERT:AMERICAN ACADEMY OF HIV MEDICINE, HIV SPECIALIST