



JOSEPH ANTHONY COSTA DO

License Number: OS8994

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	01/01/1991
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

JOSEPH ANTHONY COSTA DO
653 WEST 8TH STREET
UROLOGY FZCULTY CLINIC 2ND FLOOR
JACKSONVILLE, FL 32209

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
SHANDS AT JACKSONVILLE	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER-SOUTH	JACKSONVILLE	FLORIDA
ORANGE PARK MEDICAL CENTER	JACKSONVILLE	FLORIDA

Email Address

Please contact at: joseph.costa@jax.ufl.edu

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	OSTEOPATHIC MEDICINE
VIRGINIA	OSTEOPATHY & SURGERY
IOWA	DO

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
WESTERN UNIV./POMONA CA	DO	8/1/1987 - 6/9/1991	06/09/1991

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
UNIVERSITY OF CALIFORNIA	SAN DIEGO	CALIFORNIA	01/01/1985	01/01/1987	

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
NAVAL MEDICAL CENTER	INTERNSHIP		AOA APPROVED INTERNSHIP	PORTSMOUTH	VIRGINIA	07/01/1991	06/30/1992
NAVAL MEDICAL CENTER	RESIDENCY	U - UROLOGY		PORTSMOUTH	VIRGINIA	01/01/1995	01/01/1999
UNIVERSITY OF IOWA HOSPITALS & CLINICS	FELLOWSHIP	U - UROLOGY			IOWA	09/01/1999	08/31/2000

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSOCIATE PROFESSOR OF SURGERY	UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN	GAINESVILLE	FLORIDA

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 UROLOGY	U - UROLOGY	02/28/2002

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675 FS, in an amount not less than \$250,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000. The letter of credit shall be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state OR I have hospital staff privileges and I have established and maintain an escrow account consisting of cash or assets eligible for deposit in accordance with s.625.52 FS in the per-claim amounts specified above.

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:
Health Professions Scholarship Selection Committee
Genitourinary Reconstructive Surgeons Society
International Continence Society
Uniformed Services Urology Research Group
American Urologic Association
SOCIETY OF URODYNAMICS AND FEMALE UROLOGY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FIRST PLACE OUTCOMES RESEARCH NMCP-1997	

Publications

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

Title	Publication	Date
BLADDER OUTLET CORRELATION WITH VLP IN WOMEN WITH SUI	J. PELVIC SURGERY	05/01/2002
COMBINED FECAL AND URINARY DIVERSION..TECHNIQUE	J. UROLOGY	05/01/2002
GASTROPYELOPLASTY: A SWINE MODEL	UROLOGY	03/01/1999

Professional Web Page

<http://www.hscj.ufl.edu/sur/faculty.asp?d=uro>

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 not provided any national, state, local, county, or professional affiliations.