#### ITALO LINFANTE

## License Number: ME90425

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1987
License Expiration 01/31/2026

Date

# General Information

#### **Primary Practice Address**

ITALO LINFANTE 8900 NORTH KENDALL DRIVE 2MCVI - PHYSICIAN S OFFICE MIAMI, FL 33176

#### Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: italol@baptisthealth.net

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	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
UNIVERSITY OF ROMA	MD	10/1/1981 - 7/1/1987	07/23/1987

# **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
NATIONAL INSTITUTES OF HEALTH	FELLOWSHIP	DR - NEURORADIOLOGY		BETHESDA	MARYLAND	09/01/1990	06/01/1994
GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1994	06/01/1995
BAYLOR COLLEGE OF MEDICINE	RESIDENCY	N - NEUROLOGY		HOUSTON	TEXAS	07/01/1995	06/01/1998
HARVARD MEDICAL SCHOOL	FELLOWSHIP	OTHER	CEREBROVASCULAR DISEASES	BOSTON	MASSACHUSETTS	07/01/1998	06/01/2000
HARVARD MEDICAL SCHOOL	FELLOWSHIP	OTHER	INTERVENTIONAL NEURORADIOLOGY	BOSTON	MASSACHUSETTS	07/01/2002	06/01/2003
UNIVERSITY OF MIAMI	FELLOWSHIP	DR - VASCULAR AND INTERVENTIONAL RADIOLO	INTERVENTIONAL NEURORADIOLOGY	MIAMI	FLORIDA	10/01/2003	06/30/2004

# **Academic Appointments**

## **Graduate Medical Education**

The practitioner did not provide this mandatory information.

#### **Academic Appointments**

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

Title	Institution	City	State
CLINICAL PROFESSOR	FLORIDA INTERNATIONAL UNIV. COLLEGE OF MEDICINE	MIAMI	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 PSYCHIATRY AND NEUROLO	PYN - PSYCHIATRY AND NEUROLOGY	05/01/1999

# 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.

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: AMERICAN ACADEMY OF NEUROLOGY

AMERICAN COLLEGE OF RADIOLOGY AMER SOC FOR INTERVENTIONAL & THERAPEUTIC NEURORADIOLOGY AMERICAN HEART ASSOCIATION

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
OUTSTANDING PHYSICIAN IN THE NATIONAL INTEREST	NATIONAL INSTITUTE OF HEALTH

#### **Publications**

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

Title	Publication	Date
STROKE OUTCOME & NEUROIMAGING OF INTRACRANIAL ATHEROSCL	NEUROEPIDEMIOLOGY	01/01/2004
NON-INVASIVE HEMOSTATIC CLOSURE DEVICES: "PATCHES & PADS"	TECH VASC INTERV RADIOL	01/01/2003
DESIGN & PROGRESS OF A DOUBLE BIND TRIAL OR WARFARIN VS	NEUROEPIDEMIOLOGY	01/01/2003
CAN MRI RELIABLY DETECT HYPERACUTE INTRACEREBRAL HEMORR	STROKE	01/01/2004
SAFETY OF LATEST GENERATION SELF-EXPANDING STENTS IN	ARCH NEUROL	01/01/2004

#### **Professional Web Page**

This practitioner has not provided any professional web page information.

## **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.

ITALIAN

## **Other Affiliations**

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

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Affiliation						
AMER SOC OF	THERAPEUTIC	& INTERVENTI	ONAL NEUROR	ADIOLOGY		
AMERICAN ACA	ADEMY OF NEU	ROLOGY				
AMERICAN COI	LEGE OF RAD	IOLOGY				
AMERICAN HEA	ART ASSOCIATI	ON				