



JOHN LOUIS RATZ M.D.

License Number: ME92011

Profession Medical Doctor  
License Status Null And Void/  
Year Began Practicing 07/01/1975  
License Expiration 01/31/2021  
Date

## General Information

### Primary Practice Address

JOHN LOUIS RATZ M.D.  
1474 MARKET ST  
DERMATOLOGY SPECIALISTS OF FLORIDA  
TALLAHASSEE, FL 32312

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [doctorjlr@aol.com](mailto:doctorjlr@aol.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	MD
WISCONSIN	MD
DELAWARE	MD
GEORGIA	MD
MINNESOTA	MD
ILLINOIS	MD
LOUISIANA	MD
PENNSYLVANIA	MD
INDIANA	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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
CASE WESTERN RESERVE UNIVERSIT	MD	9/1/1970 - 6/1/1975	05/28/1975

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
AURORA COLLEGE	AURORA	ILLINOIS	06/01/1967	06/01/1970	BS - BACHELOR OF SCIENCE

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
THE CLEVELAND CLINIC FOUNDATION	RESIDENCY	D - DERMATOLOGY		CLEVELAND	OHIO	07/01/1975	06/01/1979
THE CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	D - DERMATOLOGY	DERMATOLOGIC SURGERY AND CUTANEOUD ONCOLOGY-MOHS SURGERY	CLEVELAND	OHIO	07/01/1979	06/30/1981

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 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 DERMATOLOGY	D - DERMATOLOGY	10/01/1979

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DUI	02/10/2012	WISCONSIN	NO	NOT CORROBORATED	
RECIPROCAL ACTION BY ANOTHER STATE WI DUI	05/11/2013	MN	NO	NOT CORROBORATED	
RECIPROCAL ACTION BY ANOTHER STATE	11/20/2013	IL	NO	NOT CORROBORATED	
RECIPROCAL ACTION BY ANOTHER STATE	03/19/2014	PA	NO	NOT CORROBORATED	
RECIPROCAL ACTION BY ANOTHER STATE	04/09/2014	OH	NO	NOT CORROBORATED	

### 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 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
GOLD IVY LEAF	AURORA COLLEGE GRADUATION W/HIGHEST HONORS

### Publications

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

Title	Publication	Date
MULTIPLE VASCULAR ANOMALIES	J DERMATOL SURG ONCOLOGY	

### Professional Web Page

MedicCons.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.

RUMANIAN

### Other Affiliations

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