#### **DACELIN ST MARTIN**

#### License Number: ME90844

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

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

#### **Primary Practice Address**

DACELIN ST MARTIN 1990 N. PROSPECT AVE. LECANTO, FL 34461

#### 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
CITRUS MEMORIAL HOSPITAL	INVERNESS	FLORIDA
SEVEN RIVERS REGIONAL MEDICAL CENTER	CRYSTAL RIVER	FLORIDA

#### **Email Address**

Please contact at: dstmartin@pedimhealthcare.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
	MD
	MD
	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 MONTEMORELOS	MD	8/1/1988 - 4/1/1996	04/17/1996

#### **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
METROPOLITAN HOSPITAL/NY MEDICAL COLL PROG.	INTERNSHIP	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	07/01/1996	06/01/1997
BRIDGEPORT HOSPITAL/YALE UNIV PROG.	RESIDENCY	IM - INTERNAL MEDICINE	PEDIATRICS	BRIDGEPORT	CONNECTICUT	07/01/1997	06/01/2001

## **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	08/01/2001
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRICS	10/16/2001
AMERICAN BOARD OF INTERNAL MEDICINE	SLEEP MEDICINE	

# 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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
12/21/2016	CITRUS	2018-CA-000251	08/02/2019	\$1,000,000.00	\$1,000,000.00

## **Optional Information**

#### Committees/Memberships

This practitioner has an affiliation with the following committees:

**ACP** 

AAP

AMA

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

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

Community Service/Award/Honor	Organization
CHIEF RESIDENT	BRIDGEPORT HOSPITAL

#### **Publications**

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

Title	Publication	Date
GIANT NONPANCREATIC PSEUDOCYST CAUSING ANURIA	JOURNAL OF CLINICAL GASTROENTEROLOGY	01/01/2002

Title	Publication	Date
EMERGING SIGNIFICANCE OF MYCOBACTERIUM ANIUM-COMPLEX IN	JOURNAL OF CONNECTICUT STATE MED SOC; VOL 66 #6	06/01/2002
MYCOBACTERIUM MARINUM IN CONNECTICUT REPORT OF FOUR CASES	CONNECTICUT MEDICINE JOURNAL	01/01/2003
SEPSIS WORK UP IN FEBRILE INFANTS 0-90 DAYS WITH	PEDIATRIC EMERGENCY CARE JOURNAL	10/01/2003

## **Professional Web Page**

www.pedimhealthcare.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** 

CREOLE

SPANISH

#### **Other Affiliations**

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