



PATRICK DESMOND KAVANAGH

License Number: ME96603

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2003
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

PATRICK DESMOND KAVANAGH
1527 GOLDEN RIDGE
THE VILLAGES, FL 32162

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Email Address

Please contact at: kavanaghmd@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
KENTUCKY	MD
NEW YORK	MD
PUERTO RICO	MD
CALIFORNIA	MD
COLORADO	MD
CONNECTICUT	MD
GEORGIA	MD
ILLINOIS	MD
KANSAS	MD
LOUISIANA	MD
MICHIGAN	MD
MISSOURI	MD
MONTANA	MD
NEBRASKA	MD
NEW JERSEY	MD
NORTH CAROLINA	MD
OHIO	MD

State	Profession
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
TENNESSEE	MD
TEXAS	MD
UTAH	MD
VIRGINIA	MD
WASHINGTON	MD
WISCONSIN	MD
WYOMING	MD
ARIZONA	MD
ALABAMA	MD
ARKANSAS	MD
HAWAII	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
KIGEZI INTERNATIONAL	MD		11/23/2002

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
UNIVERSITY OF MEDICINE AND DENTISTRY NEW JERSEY	RESIDENCY	IM - INTERNAL MEDICINE		NEWARK	NEW JERSEY	07/01/2003	06/30/2005
STAMFORD HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		STAMFORD	CONNECTICUT	07/01/2005	06/30/2006
JACKSON MEMORIAL HOSPITAL - UNIVERSITY OF MIAMI	FELLOWSHIP	IM - INFECTIOUS DISEASE		MIAMI	FLORIDA	07/01/2006	06/30/2008

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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 that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has been terminated from participating in the Florida Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	01/11/2023	OBLIGATIONS IMPOSED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	2/18/2022	3/20/2022	3/16/2022	\$ 2,500.00	\$ 2,500.00
COSTS	2/18/2022	3/20/2022	3/16/2022	\$ 3,155.68	\$ 3,155.68
CE: "RISK MANAGEMENT"	8/11/2022	2/17/2023	8/11/2022	\$ 0.00	\$ 0.00
CE: MEDICAL RECORDS	8/10/2022	2/17/2023	8/10/2022	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATIO	08/14/2023	COMPLIANCE WITH FLORIDA ORDER	NO
NEW YORK STATE BOARD OF PROFESSIONAL MEDICAL CONDUCT	12/27/2023	COMPLIANCE WITH FLORIDA ORDER	NO
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BEFORE THE	12/11/2024	COMPLIANCE WITH FLORIDA ORDER	NO
MEDICAL BOARD OF CALIFORNIA	02/19/2025	COMPLIANCE WITH FLORIDA ORDER	YES

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 had final disciplinary action taken against him/her within the last 10 years.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
TEXAS MEDICAL BOARD	06/10/2022	COMPLIANCE WITH RELATED FLORIDA ORDER	NO

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:
Florida Board of Medicine

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

www.myhomedoctor.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.

SPANISH

Other Affiliations

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