



## ENRIQUE DIEGO ESCOBAR

License Number: ME118044

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/2009  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

ENRIQUE DIEGO ESCOBAR  
ADVENTHEALTH OCALA  
DEPARTMENT OF CARDIOTHORACIC ANESTHESIA  
OCALA, FL 34471

### 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
MUNROE REGIONAL MEDICAL CENTER	OCALA	FLORIDA
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
BAYFRONT HEALTH ST. PETERSBURG	ST. PETERSBURG	FLORIDA
MORTON PLANT HOSPITAL	CLEARWATER	FLORIDA
MEASE HOSPITAL - COUNTRYSIDE	SAFETY HARBOR	FLORIDA
MEASE HOSPITAL - DUNEDIN	DUNEDIN	FLORIDA

### Email Address

Please contact at: [edescobarmd@gmail.com](mailto:edescobarmd@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	EXPEDITED MEDICAL COMPACT LICENSE

### 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 MIAMI MILLER SCHOOL OF MEDICINE	BACHELOR D	8/1/2002 - 5/30/2005	05/30/2005
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	MD	8/1/2005 - 5/15/2009	05/15/2009

## 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 FLORIDA	GAINESVILLE	FLORIDA	08/01/2005	05/15/2009	M.D. MEDICAL DOCTOR
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	08/01/2005	05/15/2009	M.D. MEDICAL DOCTOR

## 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 TEXAS SOUTHWESTERN MEDICAL CENTER	RESIDENCY	AN - ANESTHESIOLOGY		DALLAS	TEXAS	07/01/2009	06/30/2013
UNIVERSITY OF CALIFORNIA, LOS ANGELES	FELLOWSHIP	AN - ANESTHESIOLOGY		LOS ANGELES	CALIFORNIA	07/01/2013	06/30/2014

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

Title	Institution	City	State
COURTESY ASSISTANT PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 ANESTHESIOLOGY	AN - ANESTHESIOLOGY	
AMERICAN BOARD OF ANESTHESIOLOGY	AN - ANESTHESIOLOGY	

## 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.

#### 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:  
SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS  
FLORIDA SOCIETY OF ANESTHESIOLOGISTS  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS  
AMERICAN SOCIETY OF REGIONAL ANESTHESIA AND PAIN MEDICINE

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BEST FELLOW PRESENTATION	UNIVERSITY OF CALIFORNIA LOS ANGELES SCIENTIFIC EVENING
OUTSTANDING RESIDENT RESEARCH AWARD	UT SOUTHWESTERN MEDICAL CENTER DEPARTMENT OF ANESTHESIOLOGY

Community Service/Award/Honor	Organization
CLINICIAN OF THE QUARTER	UT SOUTHWESTERN MEDICAL CENTER DEPARTMENT OF ANESTHESIOLOGY
FAER SCHOLAR FOR 2011	FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH
RESIDENT OF THE QUARTER	UT SOUTHWESTERN MEDICAL CENTER DEPARTMENT OF ANESTHESIOLOGY
CHARLOTTE LIBERTY SCHOLARSHIP	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE
LAWRENCE M GOODMAN TRUST SCHOLARSHIP	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE
KALRA SCHOLARSHIP IN MEDICAL PHYSIOLOGY	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE
HILL SCHOLARSHIP	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE
MILLER SCHOLARSHIP	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE

### 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

<https://www.adventhealth.com/hospital/adventhealth-ocala>

### 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN SOCIETY OF ANESTHESIOLOGISTS
AMERICAN SOCIETY OF CARDIOVASCULAR ANESTHESIOLOGISTS
NATIONAL BOARD OF ECHOCARDIOGRAPHY