Florida HEALTH Department of Health

STEVEN A PROPER MD

License Number: ME40626

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1973
License Expiration Date	01/31/2028
Authorized to Order (Medical and Low-THC Cannabis)	Yes

General Information

Primary Practice Address

STEVEN A PROPER MD
3025 COMMERCIAL WAY
SPRING HILL, FL 34606

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	WESLEY CHAPEL	FLORIDA
	TAMPA	FLORIDA
	TAMPA	FLORIDA

Email Address

Please contact at: **stevenjosh69@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	MEDICAL
PENNSYLVANIA	MEDICAL
NORTH CAROLINA	MEDICAL
NEW YORK	MEDICAL
FLORIDA	

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
UMDNJ-NEW JERSEY MED SCH, NEWA	MD	9/1/1969 - 5/1/1973	05/01/1973

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 SOUTH FLORIDA	TAMPA	FLORIDA	09/01/1991	12/01/1993	MPH MASTER OF PUBLIC HEALTH

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
UMDNJ-UNIVERSITY HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		NEWARD	NEW JERSEY	07/01/1973	06/30/1974
UMDNJ-UNIVERSITY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		NEWARD	NEW JERSEY	07/01/1974	06/30/1977
UMDNJ-UNIVERSITY HOSPITAL	FELLOWSHIP	IM - ENDOCRINOLOGY, DIABETES AND METABOL		EAST ORANGE	NEW JERSEY	07/01/1977	06/30/1978
UMDNJ-UNIVERSITY HOSPITAL	FELLOWSHIP	IM - ENDOCRINOLOGY, DIABETES AND METABOL		EAST ORANGE	NEW JERSEY	07/01/1980	06/30/1981
NEW YORK UNIVERSITY MEDICAL CENTER	RESIDENCY	D - DERMATOLOGY		NEW YORK CITY	NEW YORK	07/01/1978	06/30/1980
BAYLOR UNIVERSITY MEDICAL CENTER	FELLOWSHIP	OTHER	MOHS	DALLAS	TEXAS	07/01/1981	06/30/1982
FELLOW IN DERMATOPATHOLOGY	FELLOWSHIP	D - DERMATOPATHOLOGY		GAINESVILLE	FLORIDA	07/01/2005	06/30/2006

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 DERMATOLOGY	D - DERMATOLOGY	
AMERICAN BOARD OF DERMATOLOGY	D - DERMATOPATHOLOGY	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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:
FREEDOM-OPTIMUM PHARMACY AND THERAPEUTICS COMMITTEE

FREEDOM-OPTIMUM UTILIZATION - QUALITY MANAGEMENT COMMITTEE

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

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

Title	Publication	Date
AVOIDING AND MANAGING MEDICARE FRAUD AND ABUSE INVESTIGATIONS OF MOHS SURGERY--MOHS IN THE CROSSHAIRS	JAMA DERMATOLOGY 11.2018 154(11):1249-1250	11/01/2018

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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

Affiliation
AAD