# RAMON ANTONIO PEREZ-MARRERO

#### License Number: ME60921

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1974
License Expiration Date 01/31/2027
Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# General Information

# **Primary Practice Address**

RAMON ANTONIO PEREZ-MARRERO 1724 PERCHERON DR NEW PORT RICHEY, FL 34655

#### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA
		FLORIDA
		FLORIDA
	SAFETY HARBOR	FLORIDA

#### **Email Address**

Please contact at: monchoperez1950@gmail.com

# **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL DOCTOR
	MEDICAL DOCTOR
	MEDICAL DOCTOR

# 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 PUERTO RICO/SCHO	MD	1/1/1970 - 1/1/1974	01/01/1974

#### **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	241007111011404	Dates Attended To	Degree Title
UNIVERSITY OF TORONTO	TORONTO	ONTARIO	07/01/1975	06/30/1980	FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS

# **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
ROCHESTER GENERAL HOSPITAL	INTERNSHIP	GS - SURGERY		***	NEW YORK	07/01/1974	06/30/1975
TORONTO GENERAL HOSPITAL	RESIDENCY	U - UROLOGY		TORONTO	CALIFORNIA	07/01/1975	06/01/1976
THE HOSPITAL FOR SICK CHILDREN	RESIDENCY	U - PEDIATRIC UROLOGY		TORONTO, ONTARIO	CALIFORNIA	07/01/1976	12/01/1976

# **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**

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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 UROLOGY	U - UROLOGY	

# 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:

For instructions on how to order copies of final disciplinary actions, please click here.

**Mew Discipline Narratives** 

**View Board Actions** 

# 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 an affiliation with the following committees:

Past president of the Tampa Bay Urologic society

# **Professional or Community Service Awards**

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

Community S	ervice/Award/Honor
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Organization

# Community Service/Award/Honor

Organization

ELECTED ALPHA OMEGA ALPHA

#### **Publications**

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

Title	Publication	Date
BALLON URETHROPLASTY UNDER CYSTOSCOPIC GUIDANCE: TRANCYSTO	IBID	01/01/1992
BALLON EXPANDED TITANIUM PROSTATIC URETHRAL STENT	UROLOGY SUPPL.	01/01/1993
CLINICAL ASSESSMENT OF BENIGN PROSTATIC HYPERTROPHY/BLADDE	THIEME MED	01/01/1992
PROLONGATION OF RESPONSE TO DMSO BY HEPARIN MAINTENANCE	UROLOGY	01/01/1993
OUTPATIENT ULTRASOUND-GUIDED PALLADIUM 103 BRACHYTHERAPY	UROLOGY	01/01/1998

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

# **Professional Web Page**

This practitioner has not provided any professional web page information.

#### **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

FELLOW OF AMERICAN COLLEGE OF SURGEONS

FELLOW-CANADIAN ACADEMY OF PEDIATRICS IN UROLOGY