## MARCO ANTONIO MUNIZ DO

# License Number: OS7754

Profession Osteopathic Physician

License Status Clear/Active
Year Began Practicing 01/01/1998
License Expiration 03/31/2026

Date

# General Information

## **Primary Practice Address**

MARCO ANTONIO MUNIZ DO 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086

#### 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
FLAGLER EAST HOSPITAL (ST. AUGUSTINE)	SAINT AUGUSTINE	FLORIDA

# **Email Address**

Not Provided

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	OSTEOPATHIC
MICHIGAN	OSTEOPATHIC

## 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK INSTITUTE OF TECHNOLO	DO	8/1/1992 - 5/1/1997	05/01/1997

## **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

	Dates Attended Dates				
School/University	City	State/Country	/ From	Attended To	Degree Title
UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH	ANN ARBOR	MICHIGAN	09/01/2001	12/27/2002	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
NOVA SOUTHEASTERN UNIVERSITY - PALMETTO GENERAL HOSPITAL	INTERNSHIP	FP - FAMILY PRACTICE		MIAMI	FLORIDA	06/18/1997	06/19/1998
STATE UNIVERSITY OF NEW YORK AT BUFFALO - FAMILY MEDICINE	RESIDENCY	FP - FAMILY PRACTICE		BUFFALO	NEW YORK	06/22/1998	06/24/2001
UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH	RESIDENCY	OCCUPATIONAL MEDICINE	ENVIRONMENTAL MEDICINE	ANN ARBOR	MICHIGAN	09/01/2001	07/31/2003
STATE UNIVERSITY OF NEW YORK AT BUFFALO - FAMILY MEDICINE	FELLOWSHIP	FAMILY PRACTICE		BUFFALO	NEW YORK	08/04/2003	08/03/2004

# **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 FAMILY MEDICINE	FP - FAMILY PRACTICE	
AMERICAN BOARD OF PREVENTIVE MEDICINE	OCCUPATIONAL MEDICINE	

# Financial Responsibility

# **Financial Responsibility**

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

# **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.

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 not indicated any committees on which they serve for any health entity with which they are affiliated.

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

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

Community Service/Award/Honor	Organization
FAMILY MEDICINE RESIDENT AWARD	STATE UNIVERSITY OF NEW YORK AT BUFFALO

#### **Publications**

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

Title	Publication	Date
EVALUATION OF A PEDIATRIC LEAD QUESTIONNAIRE II PREDICTING	N JOURNAL OF RURAL HEALTH	02/01/2003
CONTROVERSIES SURROUNDING ENVIRONMENTAL MOLD EXPOSURE	THE OCCUPATIONAL AND ENVIRONMENTAL MEDICINE REPORT	12/01/2002

#### **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:

This practitioner has provided the following national, state, local, county, and professional affiliations.
Affiliation
AMERICAN BOARD OF FAMILY MEDICINE
AMERICAN BOARD OF PREVENTIVE MEDICINE
AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE
FAA AVIATION MEDICAL EXAMINER
NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS
US CITIZENSHIP AND IMMIGRATION SERVICES CIVIL SURGEON