

## JOSEPH ANTHONY COSTA DO

License Number: OS8994

|                                                                                   |                       |
|-----------------------------------------------------------------------------------|-----------------------|
| Profession                                                                        | Osteopathic Physician |
| License Status                                                                    | Clear/Active          |
| Year Began Practicing                                                             | 01/01/1991            |
| License Expiration Date                                                           | 03/31/2028            |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes                   |

## General Information

### Primary Practice Address

JOSEPH ANTHONY COSTA DO  
320 4TH STREET  
ATLANTIC BEACH, FL 32233

### 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   |
|------------------------------|--------------|---------|
| SHANDS AT JACKSONVILLE       | JACKSONVILLE | FLORIDA |
| BAPTIST MEDICAL CENTER       | JACKSONVILLE | FLORIDA |
| BAPTIST MEDICAL CENTER-SOUTH | JACKSONVILLE | FLORIDA |
| ORANGE PARK MEDICAL CENTER   | JACKSONVILLE | FLORIDA |

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State    | Profession           |
|----------|----------------------|
| FLORIDA  | OSTEOPATHIC MEDICINE |
| VIRGINIA | OSTEOPATHY & SURGERY |
| IOWA     | DO                   |

### 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 |
|-------------------------|--------------|---------------------|-----------------|
| WESTERN UNIV./POMONA CA | DO           | 8/1/1987 - 6/9/1991 | 06/09/1991      |

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 CALIFORNIA | SAN DIEGO | CALIFORNIA    | 01/01/1985          | 01/01/1987        |              |

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 |
|----------------------------------------|--------------|----------------|-------------------------|------------|------------------|---------------------|-------------------|
| NAVAL MEDICAL CENTER                   | INTERNSHIP   |                | AOA APPROVED INTERNSHIP | PORTSMOUTH | VIRGINIA         | 07/01/1991          | 06/30/1992        |
| NAVAL MEDICAL CENTER                   | RESIDENCY    | U - UROLOGY    |                         | PORTSMOUTH | VIRGINIA         | 01/01/1995          | 01/01/1999        |
| UNIVERSITY OF IOWA HOSPITALS & CLINICS | FELLOWSHIP   | U - UROLOGY    |                         |            | IOWA             | 09/01/1999          | 08/31/2000        |

Academic Appointments

Graduate Medical Education

This practitioner has 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   |
|--------------------------------|------------------------------------------|-------------|---------|
| ASSOCIATE PROFESSOR OF SURGERY | UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN | GAINESVILLE | 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 UROLOGY | U - UROLOGY   | 02/28/2002     |

Financial Responsibility

## Financial Responsibility

I have hospital staff privileges and I have obtained and maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675 FS, in an amount not less than \$250,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000. The letter of credit shall be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state OR I have hospital staff privileges and I have established and maintain an escrow account consisting of cash or assets eligible for deposit in accordance with s.625.52 FS in the per-claim amounts specified above.

## 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:

Health Professions Scholarship Selection Committee

Genitourinary Reconstructive Surgeons Society

International Continence Society

Uniformed Services Urology Research Group

American Urologic Association

SOCIETY OF URODYNAMICS AND FEMALE UROLOGY

### Professional or Community Service Awards

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

| Community Service/Award/Honor           | Organization |
|-----------------------------------------|--------------|
| FIRST PLACE OUTCOMES RESEARCH NMCP-1997 |              |

### Publications

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

| Title                                                 | Publication       | Date       |
|-------------------------------------------------------|-------------------|------------|
| BLADDER OUTLET CORRELATION WITH VLP IN WOMEN WITH SUI | J. PELVIC SURGERY | 05/01/2002 |
| COMBINED FECAL AND URINARY DIVERSION..TECHNIQUE       | J. UROLOGY        | 05/01/2002 |
| GASTROPYELOPLASTY: A SWINE MODEL                      | UROLOGY           | 03/01/1999 |

### Professional Web Page

<http://www.hscj.ufl.edu/sur/faculty.asp?d=uro>

### 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 not provided any national, state, local, county, or professional affiliations.