



KHASHAYAR A. DANESHMAND

License Number: OS9802

Profession Osteopathic Physician
License Status Clear/Active
Year Began Practicing 07/01/2006
License Expiration 03/31/2026
Date

General Information

Primary Practice Address

KHASHAYAR A. DANESHMAND
318 NASSAU ST. N.
VENICE, FL 34285

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 |
|----------------------------------|------------|---------|
| LEE MEMORIAL HOSPITAL-HEALTHPARK | FORT MYERS | FLORIDA |

Email Address

Please contact at: daneshdo23@gmail.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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 |
|------------------------------|--------------|---------------------|-----------------|
| NOVA SOUTHEASTERN UNIVERSITY | DO | 7/1/1996 - 7/1/2000 | 07/01/2000 |

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 CENTRAL FLORIDA | ORLANDO | FLORIDA | 08/01/1990 | 05/01/1994 | BS - MICROBIOLOGY AND CELL SCIENCE |

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 |
|----------------------------|--------------|---------------------------------------|-------------------------|-------------|------------------|---------------------|-------------------|
| E W SPARROW-MSUCOM | INTERNSHIP | PD - PEDIATRICS | AOA APPROVED INTERNSHIP | LANSING | MICHIGAN | 07/01/2000 | 06/30/2001 |
| E.W SPARROW-MSUCOM | RESIDENCY | PD - PEDIATRICS | | LANSING | MICHIGAN | 07/01/2001 | 06/30/2003 |
| UF-PEDIATRIC CRITICAL CARE | FELLOWSHIP | PD - PEDIATRIC CRITICAL CARE MEDICINE | | GAINESVILLE | FLORIDA | 07/01/2003 | 06/30/2006 |

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 PEDIATRICS | PD - PEDIATRICS | |

Financial Responsibility

Financial Responsibility

I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s.459.0085(5)(g),FS.I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients and provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

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 an affiliation with the following committees:
American Osteopathic Association
American College of Osteopathic Pediatrics
American Academy of Pediatrics
Society of Critical Care 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 |
|---|--------------|
| DOUGLAS J. BARRETT ACADEMIC FELLOWSHIP AWARD-UF 2005 | |
| MEDIMMUNE PEDIATRIC FELLOWSHIP AWARD-MEDIMMUNE 2005, 2006 | |
| OUTSTANDING PEDIATRIC TEACHER AWARD-UF 2005 | |

Publications

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

| Title | Publication | Date |
|--|--|------------|
| ACUTE LUNG INJURY | PEDIATRIC CRITICAL CARE MEDICINE TEXTBOOK | 01/01/2006 |
| SUCCESSFUL USE RECOMINATION FACTOR VII IN TRAUMATIC LIVER | JOURNAL OF TRAUMA | 01/01/2004 |
| STABILITY ODANSETRON HYDROCHLORIDE TOTAL PARENTAL NUTRIENT | AMERICAN JOURNAL OF HEALTH SYSTEM PHARMACY | 01/01/1995 |

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.
FRENCH
FARSI

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.