

License Renewal Notification

Your Medical Doctor License # **ME 86058** will expire at midnight, Eastern Standard Time (EST) on **Saturday, January 31, 2015**.

Please log onto **www.FLHealthsource.gov** and follow these steps:

1. Click **Renew My License** button.
2. Select your Profession and enter your User ID and Password. (provided below)
3. When you are logged into your account click the **Renew License** link from the left hand menu and select your renewal option:

Option 1: Renew Online

or

Option 2: Renew By Mail, Renewals by mail **MUST** include the renewal form printed from your account, fees if applicable, and mailed to the address on the renewal form, *not this postcard*.

You will be prompted to complete the Physician Workforce Survey online.

On time renewals must be completed by midnight, Eastern Standard Time (EST), Saturday, January 31, 2015. To log into the online system, you will need the following information.

User ID: [REDACTED] Password: [REDACTED]
(User ID and Password are case sensitive, do not use Caps Lock)

Where 'l' is lowercase letter 'L' and 'o' is lowercase letter 'O'.

Please note: If you have updated your login recently, the information above may be out of date.

The online system will allow you to update your address and confirm licensee information maintained by the Department. You will receive confirmation of a successful renewal before logging out of the system.



Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit www.flhealthsource.gov. For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at MQAReportCE@flhealth.gov

Section 456.0635, F.S., may affect your ability to renew your license. Please visit <http://www.doh.state.fl.us/mqa/laws.html> for more information.

Remember, all renewals **MUST** be submitted **no later than Saturday, January 31, 2015** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.





Vision: To be the Healthiest State in the Nation

Renewal of License Florida Department of Health

Basic Data

Name: MATTHIAS GOTTFRIED MUENZER
License Number: ME 86058
Profession: Medical Doctor
Rank: BOARD OF MEDICINE - Medical Doctor
License Status: CLEAR/ACTIVE
Fee Paid: \$279.00
Date of Birth: 08/26/1954
Email Address: muenzerus@yahoo.com

Mailing Address

HALLMARK MEDICAL ASSOCIATES
101 MAIN ST, SUITE 217
MEDFORD, MA 02155

Practice Location

NOT PRACTICING IN FLORIDA
P O BOX 6320
OUT OF STATE, ZZ 000

Equal Opportunity Data

Gender: Male
Race: White

Availability for disaster

As a Florida licensed physician, are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters?

Your answer: **NO**

Renewal Statement

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

Affirmed: **YES**

Controlled Substance Prescribing Indicator

In accordance with s. 456.44, Florida Statutes, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must designate himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile.

"Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

Do you prescribe controlled substances for the treatment of chronic nonmalignant pain?

Your answer: **NO**

Medicaid and Medicare Fraud Questions

1. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? Your answer: **NO**

2. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Your answer: **NO**

[Note: The questions below refer to terminations as a provider, not as a recipient of services]

3. On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Your answer: **NO**

4. On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Your answer: **NO**

5. Are you currently listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals and Entities? Your answer: **NO**

6. Have you ever been terminated for cause from participating in the Florida Medicaid program? Your answer: **NO**

7. Have you ever been sanctioned by any state Medicaid program? Your answer: **NO**

Financial Responsibility

I do not practice medicine in the State of Florida.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/07/2015	ME 86058	485038

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2017**
MATTHIAS GOTTFRIED MUENZER
HALLMARK MEDICAL ASSOCIATES
101 MAIN ST, SUITE 217
MEDFORD, MA 02155

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC#
DATE 01/07/2015
LICENSE NO. ME 86058
CONTROL NO. 485038

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2017**

COPY - NOT A VALID LICENSE - COPY
LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR STATE SURGEON GENERAL
DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2017**

Your license number is **ME 86058**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.FLHealthSource.gov
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW YOUR CONTINUING EDUCATION RECORDS AT THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: LAST FIRST MIDDLE
TO: LAST FIRST MIDDLE
DH 2103, 5/98

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32389-3260



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MATTHIAS GOTTFRIED MUENZER
HALLMARK MEDICAL ASSOCIATES
101 MAIN ST, SUITE 217
MEDFORD, MA 02155

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