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311 Online Agency Directory Online Services Accessibility



Department of Health

Licensing Home Page

DOH Home

Services

Health **Professionals**

Infants, Children and Teens

HIV/AIDS

Resources

Vital Records About DOH

Licensee Details

Data current as of: August 13, 2017

Name\Phone

MATTHEW F REEVES 2026675881

1090 Vermont Avenue NW **Suite 1000**

Business Address

Washington DC 20005 **Profession:** Type:

Number: MD038268 **MEDICINE**

MEDICINE AND SURGERY

Waiver of Examination

Obtained By Method:

From State/Prov:

Issue Date: 8/12/2009

Expiration Date: 12/31/2018

Status: Active

Specialty Information (as reported by Licensee)

Obstetrics & Gynecology - Board Cert

Discipline Information from 1996 to Present - Please click item(s) below to view public orders

NONE

Practitioner Profile - Unless otherwise indicated, this information has been self-reported and has not been verified by the Board of Medicine.

General Information

is the agency responsible for mobilizing health care professionals during an emergency. Please indicate if you would be willing to volunteer with HEPRA during an emergency: Yes 2. Number of years in active, clinical practice in the United States or Canada following completion of medical training and the number of years? 13 3. Number of years in active, clinical practice outside the United States or Canada following completion of medical training and the number of years? 4. Do you accept or participate with Medicare? No 5. Do you accept or participate with Medicaid? Yes

The Health Emergency Preparedness and Response Administration (HEPRA)

5b. Are you accepting new Medicaid patients? 6. Do you accept or participate with DC Managed Care (DC Healthcare Alliance)?

No No

Post Graduate Medical Training

Post Grad Residency Years Years **Training** Specialty City State/Province Country **Attended Attended** Type **Program** From To Name Residency Franc<u>isco</u> JCSF USA 1999 2003

Medical School

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	chool	Other School	Gradu : 06/01/199	ation/Completion Date	e	
Primary Pract	tice Location					
Address Line 1	1:			1120 19th Stree	t NW. Suite 316	
Address Line 2 City/Town:	2:			Washington	,	
State:				DC		
Zipcode:				20036		
Telephone Nur	mber:			2028442004		
Percentage of	time spent at this lo	ocation:		15%		
Do you offer tr	anslating services?	?		1070		
	actice Location secondary locatior	n(s)?				
Academic App	pointments					
	Acadomic	Pank \	Voare of Sorvice	o Eror	m To	_
School	Academic Assoc	Rank	Years of Servic	e Fror 2015	m To 2016	
School		Volume	Years of Servic			
Publications Title Board Certifications	Assoc	Volume No dat Certifications?		Website	2016	
Publications Title Board Certifications	Journal ations	Volume No dat		2015	2016	
Publications Title Board Certification	Journal ations	Volume No dat Certifications?		Website To	2016	
Publications Title Board Certification you have a Name	Journal ations	Volume No dat Certifications?		Website To	2016	

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Do you accept insurance?	Υ
Name of Insurance	
No data available	
Criminal Information	
Have you had any Misdemeanor and/or felony convictions?	N
Final Orders	
Have you received any final orders in the last 10 years?	N
Malpractice Information	
Have you had any malpractice payouts in the last 10 years?	N

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