



Department of Health



## Practitioner Profile

Printer Friendly Version

LUIS GERARDO MARTINEZ

License Number: ME97578

Profession

Medical Doctor

License Status

CLEAR/ACTIVE

Year Began Practicing

01/01/1985

License Expiration Date

01/31/2019

General Information	Education & Training	Academic Appointments	Specialty Certification	Financial Responsibility	Proceedings & Actions
Optional Information	License Information				

Information in this profile has been verified by the practitioner.

### Primary Practice Address

LUIS GERARDO MARTINEZ  
 16795 NW 67TH AVE  
 MIAMI, FL 33015  
 UNITED STATES

### 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
LARKIN COMMUNITY HOSPITAL	MIAMI	FLORIDA
HIALEAH HOSPITAL	HIALEAH	FLORIDA
PALMETTO GENERAL HOSPITAL	HIALEAH	FLORIDA



Institution Name  
**Department of Health**  
 LANDS REGIONAL MEDICAL CENTER

City  
 SEBRING

State  
 FLORIDA



**Email Address**

Please contact at: **lgm924@bellsouth.net**

**Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
INDIANA	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR

Back

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