

Licensee Details

Please see below for details for the licensee you selected.

| | | | |
|--|-------------------------|---------------------------|--|
| Name: Marcus Tulio Gordon | | Designation: MD | |
| Lic #: 80986 | Type: Physician | Secondary: Full | |
| Status: Active | Issued: 7/2/2018 | Expires: 8/31/2019 | |
| Specialties | | | |
| Specialty/Subspecialty | Certifying Board | Primary Specialty? | |
| Obstetrics & Gynecology | | Y | |
| Disclaimer: Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board. | | | |

Practice Address

| |
|---|
| Street Address: 1101 Boylston St CHESTNUT HILL MA 02467 |
| County: Middlesex |
| Country: United States |

Related Licenses

| Relationship/Name | Dates | License Details |
|-------------------|-------|-----------------|
|-------------------|-------|-----------------|

Public Documents

| |
|--------------------------------|
| No public documents to display |
|--------------------------------|

Physician Profile

Disclaimer: This information has been provided by the physician and has not been verified by the Board. The Patient Right to Know Act requires physicians licensed to practice in the State of Georgia to provide certain information to the Board that is to be made available to the public. The Board relies upon information provided by the physicians to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of physician profiles.

For sections where there is no data, the Physician has not provided any information pertaining to that section.

Initial Licensure

| Initial License State | Initial License Issue Date | Malpractice Coverage |
|-----------------------|----------------------------|----------------------|
|-----------------------|----------------------------|----------------------|

Practice Location History

| City | State/Province | Country | From | To |
|------|----------------|---------|------|----|
|------|----------------|---------|------|----|

Medicaid/Medicare

| Currently Accepting Medicaid Patients? | Currently Accepting Medicare Patients? |
|--|--|
|--|--|

Malpractice Insurance

| Company Name | Effective Date | Expiration Date |
|--------------|----------------|-----------------|
|--------------|----------------|-----------------|

Medical Education and Training

Education/Certifications

| School Type | From | To | Graduated | School Name |
|----------------|------|----|------------|-----------------|
| Medical School | | | 06/04/1985 | ALBERT EINSTEIN |

Graduate Medical Education

| Program Type/Specialty | From | To | City/State/Zip | Country | Graduated |
|------------------------|------|----|----------------|---------|-----------|
|------------------------|------|----|----------------|---------|-----------|

Current Hospital Privileges

| Hospital Name | City/State/Zip | Active? |
|---------------|----------------|---------|
|---------------|----------------|---------|

Final Disciplinary Action

| Agency Name | Discipline Date | Violation Description | Action Type | Action Description |
|-------------|-----------------|-----------------------|-------------|--------------------|
|-------------|-----------------|-----------------------|-------------|--------------------|

Hospital Privilege Revocations

| Hospital Name | Discipline Date | Violation Description | Action Type | Action Description |
|---------------|-----------------|-----------------------|-------------|--------------------|
|---------------|-----------------|-----------------------|-------------|--------------------|

Criminal Offenses

| Date of Offense | Jurisdiction | Description of Offense |
|-----------------|--------------|------------------------|
|-----------------|--------------|------------------------|

Medical Malpractice Judgement Arbitration Awards

List of medical malpractice court judgment and/or arbitration awards against this physician entered on or after April 11, 2001 that was in excess of \$100,000 limited to the most recent 10 years.

| Date Awarded | Amount Awarded |
|--------------|----------------|
|--------------|----------------|

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Medical Malpractice Settlement Amounts

- A. Minimum 4 settlements (regardless of amount).
- B. 3 settlements with at least one settlement over \$100,000.00.
- C. 1 or 2 settlements of which one has a value of over \$300,000.00.

| Settlement Date | Settlement Amount |
|-----------------|-------------------|
|-----------------|-------------------|

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

List of physician's articles, journals, or publications limited to the most recent ten years

| Date | Publication | Title |
|------|-------------|-------|
|------|-------------|-------|

List of professional organizations, community service organization memberships or activities

| Organization | Type | Description |
|--------------|------|-------------|
|--------------|------|-------------|

Awards

| Organization | Award/Honor |
|--------------|-------------|
|--------------|-------------|

List of all languages excluding English used by the physician to communicate with patients and/or translation services available to their patients at the primary place of practice

| Language |
|----------|
|----------|

List of Appointments to Medical School Faculties (Not hospital affiliations or privileges)

| School | Position | Active? |
|--------|----------|---------|
|--------|----------|---------|

Physician's Comments