



Vision: To be the Healthiest State in the Nation

Renewal of License Florida Department of Health

Basic Data

Name: STRICKER COLES MAYS
License Number: ME 42462
Profession: Medical Doctor
Rank: BOARD OF MEDICINE - Medical Doctor
License Status: CLEAR/ACTIVE
Fee Paid: \$279.00
Date of Birth: 01/29/1954
Email Address:

Mailing Address

131 REDSTONE AVE
SUITE 109
CRESTVIEW, FL 32539

Practice Location

131 REDSTONE AVE
STE 109
CRESTVIEW, FL 32539

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 have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.