

Florida Department of Health - Board of Medicine  
LICENSE RENEWAL NOTICE

Active Dispensing Medical Doctor License # ME 38573 expires January 31, 2005.

The fee of \$554.00 and the renewal notice must be postmarked on or before January 31, 2005.  
Renewal notices postmarked on or after February 1, 2005 require a renewal fee of \$939.00.

Received Date : 11/1/04  
Deposit Date : 11/1/04  
Deposit # : 167172  
Batch Number : 006385  
Validation # : 904046483  
Check Amount : \$554.00  
PRO CDE : 1501

1. CURRENT MAILING ADDRESS:

This address will be used for all correspondence from the Department of Health.

FERNANDO RICARDO BETANCOURT  
3900 BROADWAY  
FT MYERS, FL 33919

2. CURRENT PRACTICE LOCATION:

This address will be printed on your license and posted on the Internet.

3900 BROADWAY  
FT MYERS, FL 33919

(941) 936-4494

3. RENEW ON LINE TODAY!

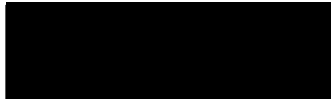
Go to [www.doh-mqaservices.com](http://www.doh-mqaservices.com) and renew your license, change your address, update profile information, and confirm information maintained by the Department. Listed below is your user id and password for online services. If you renew online, you will receive a temporary license upon successful completion of your renewal. Online renewals are processed immediately and your license status is updated online within seven business days.

4. CHANGES TO CURRENT LICENSE INFORMATION:

If you have any changes to the name, mailing address, practice location address, license status or military status information associated with your license, please provide the updated information in the appropriate fields of section 7 on the back of this form.

5. THERE ARE TWO RENEWAL METHODS AVAILABLE:

- A. **Online Renewal:** Visit [www.doh-mqaservices.com](http://www.doh-mqaservices.com) go to the Practitioner Logon box, select your profession and enter your ID and password. If you are requesting a status change you will be ineligible to renew your license online. The system will be available for renewals until midnight, Eastern Standard Time (EST), January 31, 2005. To use the online system, you will need the following information:



(Note: Account ID and Password must be entered exactly as they appear.)

The online renewal system will allow practitioners to update their addresses, update profile information and to confirm licensee information maintained by the Department. Practitioners will receive a temporary license upon successful renewal before logging out of the system.

- B. **U.S. Mail:** Mail completed form and fee payable to the Department of Health to the following address:

Department of Health  
Division of Medical Quality Assurance  
PO Box 6320  
Tallahassee, FL 32314-6320

6. Other Information:

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

File Number: 30601

Sequence Number: 601

Profession Code: 1501

20

20



Please make changes to your license information in section 7 on the BACK of this form.



## FINANCIAL RESPONSIBILITY

NAME: FERNANDO R. BETANCOURT MD LICENSE NUMBER: ME 3 8573

Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only one option of the ten provided pursuant to s. 458.320, Florida Statutes.

### OPTION I: FINANCIAL RESPONSIBILITY COVERAGE

1. I do not have hospital staff privileges and I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/\$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
2. I have hospital staff privileges and I have established an irrevocable letter of credit or an escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
3. I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined
4. I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F. S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s. 627.367, F. S.
5. 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 or 459.0085(5)(g)1, F. S. I understand that I must either post notice in the form of a "sign" prominently displayed in the 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) or 459.0085(5)(g), F. S.

### OPTION II: Financial Responsibility Exemptions

1. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions;
2. I hold a limited license issued pursuant to s. 458.317 or 459.0075, F. S., and practice only under the scope of the limited license;
3. I do not practice medicine in the State of Florida;
4. I meet all of the following criteria:  
(a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years;  
(b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year;  
(c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period;  
(d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458 or 459, F. S.; and  
(e) I have not been subject, within the past ten years of practice, to license revocation or suspension, probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458 or 459, F. S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license stipulation, consent order or other settlement offered in response to or in anticipation of filing of administrative charges against a license shall be construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in the form of a sign, prominently displayed in the 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 such a sign or notice must contain the wording specified in s. 458.320(5)(g) or 459.0085(5)(g), F. S.; or
5. I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption).

**Florida Department of Health - Board of Medicine**

**License Renewal Notice**

**Active (group 2) Dispensing Practitioner Medical Doctor License # ME 38573 expires January 31, 2002.**

To avoid a delinquent charge, the fee of **\$748.50** and the renewal form must be postmarked or electronically submitted on or before January 31, 2002. Renewal notices/forms postmarked on or after February 1, 2002 require renewal and delinquency fees of **\$891.00**.

**1. CHANGE OF MAILING ADDRESS:**

DEPARTMENT USE ONLY

**Current Mailing Address:**

FERNANDO RICARDO BETANCOURT  
3900 BROADWAY  
FT MYERS, FL 33919

**New Mailing Address:**

Licensee's Last Name	First	Middle Initial
Attn:		
Street Address:		
City:	State:	Zip:
Phone: (     )		

**2. CHANGE OF PRACTICE LOCATION:**

**Current Practice Location:**

3900 BROADWAY  
FT MYERS, FL 33919

**New Practice Location:**

Attn:		
Street Address:		
City:	State:	Zip:
Phone: (     )		

**3. Chapter 456, F.S., requires a background check to renew a license, please review the following data to verify that the information is correct, please make any necessary corrections. This information is critical in ensuring that background checks are attributed to the correct licensee.**

Description	Department Information	Information is Accurate		Correct Information
Social Security #	[REDACTED]	<input type="radio"/> Yes	<input type="radio"/> No	
Date of Birth	04/03/54	<input type="radio"/> Yes	<input type="radio"/> No	
Sex	Data Missing	<input type="radio"/> Yes	<input type="radio"/> No	
Race	Not Given	<input type="radio"/> Yes	<input type="radio"/> No	

Race Options: White, Black, Native, Asian, Other, Hispanic & not given

**4. COMPLETE THE FINANCIAL RESPONSIBILITY FORM ON THE REVERSE SIDE OF THIS FORM.**

**5. MILITARY STATUS:**

- I am requesting Military Restricted Status. (Military Restricted must submit proof of active military duty. Attach a copy of your current active duty orders or a letter from your Commanding Officer.)
- Please remove the Military Restricted Status from my license. (Provide copy of DD214 or letter from Commanding Officer.)

**6. Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?**

Yes

**7. THERE ARE TWO RENEWAL METHODS AVAILABLE:**

**A. Internet E-Renewal:**

Web address <http://www.doh.state.fl.us/erenewal>

E-Renewal allows you to make address changes. E-Renewal does not allow you to renew online by adding or removing a status, such as paying a delinquency fee or changing a license status. Due to high volume, allow sufficient time to renew since **e-Renewal will not be available after midnight Eastern Time (ET) January 31, 2002**. E-Renewal will require the following information:

**PIN Number:** [REDACTED]  
**License Number:** ME 38573

**B. U.S. Mail:**

Mail this completed renewal form and fee payable to the Department of Health to:  
P.O. Box 6320  
Tallahassee, Florida 32314-6320

**8. Other Information:**

File Number: 30601     20     20     Sequence Number: 510



## FINANCIAL RESPONSIBILITY

The Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only ONE option of the ten provided pursuant to s.458.320, Florida Statutes.

### CATEGORY I - CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

1. I do not have hospital staff privileges and I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/\$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
2. I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
3. I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.367, F.S. I further certify that I have been continuously insured with an entity as outlined above for the past two years (retroactive coverage) or if I seek insurance from a different entity providing insurance; I will purchase retroactive coverage for the two years preceding my inception date of coverage. I further certify that in the event my coverage is terminated or that I desire to become uninsured and meet the financial responsibility requirements through other provisions in s. 458.320 or 459.0085, F.S., I will maintain coverage for incidents which may have occurred during the two years preceding my becoming uninsured.
4. I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s. 627.367, F. S. I further certify that I have been continuously insured with an entity as outlined above for the past two years (retroactive coverage) or if I seek insurance from a different entity providing insurance I will purchase retroactive coverage for the two years preceding my inception date of coverage. I further certify that in the event my coverage is cancelled or that I desire to become uninsured and meet the financial responsibility requirements through other provisions in s. 458.320 or 459.0085, F.S., I will maintain coverage for incidents which may have occurred during the two years preceding my becoming uninsured.
5. I have elected not to carry medical malpractice insurance, however, I agree to satisfy any adverse judgements up to the minimum amounts pursuant to s. 458.320(5)(g)1 or 459.0085(5)(g)1, F. S. I understand that I must either post notice in the form of a "sign" prominently displayed in the 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) or 459.0085(5)(g), F. S.

### CATEGORY II - EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

6. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions;
7. I hold a limited license issued pursuant to s. 458.317 or 459.0075, F. S., and practice only under the scope of the limited license;
8. I do not practice medicine in the State of Florida;
9. I meet all of the following criteria:
- (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years;
  - (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year;
  - (c) I have had no more than two claims resulting in an indemnity exceeding \$10,000 within the previous five year period;
  - (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458 or 459, F. S.; and
  - (e) I have not been subject, within the past ten years of practice, to license revocation or suspension, probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458 or 459, F.S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license stipulation, consent order or other settlement offered in response to or in anticipation of filing of administrative charges against a license shall be construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in the form of a sign, prominently displayed in the 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 such a sign or notice must contain the wording specified in s. 458.320(5)(t) or 459.0085(5)(t), F. S.; or
10. I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption).

Florida Department of Health - Board of Medicine

LICENSE RENEWAL NOTICE

DEPARTMENT USE ONLY

Active Dispensing Medical Doctor License # ME 38573 expires January 31, 2007.

The fee of \$554.00 and the renewal notice must be postmarked on or before January 31, 2007. Renewal notices postmarked on or after February 01, 2007 require renewal and delinquent fees of \$939.00.

1. CURRENT MAILING ADDRESS:

This address will be used for all correspondence from the Department of Health.

FERNANDO RICARDO BETANCOURT
3900 BROADWAY
BLDG C
FT MYERS, FL 33919

2. CURRENT PRACTICE LOCATION:

This address will be printed on your license and posted on the Internet.

3900 BROADWAY
BLDG C
FT MYERS, FL 33919

3. PROFILE CONFIRMATION:

Florida Statutes 456.039(1) and 456.0391(1) require that you update your profile at renewal. Please review and confirm the information in your profile before completing your renewal. Each practitioner who applies for license renewal must, in conjunction with procedures adopted by the Department of Health, and in addition to any other information that may be required, furnish the mandatory reporting requirements.

Note: A practitioner must submit updates to their profile within 15 days of any changes, 456.042, F.S.

You may review/update your profiling information by visiting the following link, www.flhealthsource.com. Use the login information provided on this notice. If you still choose to manually submit your information after visiting our website, please print out your profile using the print friendly version and make any changes directly on the profile. Please include your updates, if any, along with your other renewal information.

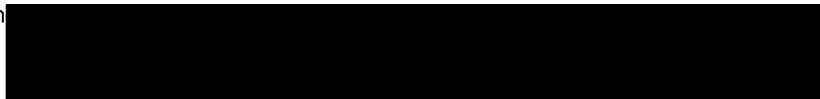
I have reviewed and confirmed the information in my profile. [ ]

4. CHANGES TO CURRENT LICENSE INFORMATION:

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5. THERE ARE TWO RENEWAL METHODS AVAILABLE:

A. Online Renewal: Visit www.flhealthsource.com, from our main page, select Licensee/Provider, go to the Practitioner Logon box located on the left side of the page, select your profession and enter your Account ID and password. If you are requesting a status change, you will be ineligible to renew your license online. The system will be available for renewals until midnight, Eastern Standard Time (EST), January 31, 2007. To use the online system, you will need the following information:



The online system will allow practitioners to update their address, profile, and to confirm licensee information maintained by the Department. Practitioners will receive confirmation of their successful renewal before logging out of the system.

Avoiding complaints can protect your clients and your ability to practice. Go to www.doh.state.fl.us/mqa/avoid.html to find out more.

B. U.S. Mail: Mail completed form and fee payable to the Department of Health to the following address:

Department of Health, Division of Medical Quality Assurance, PO Box 6320, Tallahassee, FL 32314-6320

6. OTHER INFORMATION:

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

A licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements.

File Number: 30601
Profession Code: 1501

Sequence Number: 712
20 20



Please make changes to your license information in section 7 on the BACK of this form.



Florida Department of Health - Board of Medicine

LICENSE RENEWAL NOTICE

DEPARTMENT USE ONLY

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6. Other Information:

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File Number: 30601

Sequence Number: 601

Profession Code: 1501

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Please make changes to your license information in section 7 on the BACK of this form.





Florida Department of Health - Board of Medicine  
LICENSE RENEWAL NOTICE

Received Date : 11/16/2006  
Deposit Date : 11/16/2006  
Deposit # : 167202  
Batch Number : 001010136  
Validation # : 908081126  
Check Amount : \$554.00  
PROCDE : 1501

Active Dispensing Medical Doctor License # ME 38573 expires January 31, 2007

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**Note: A practitioner must submit updates to their profile within 15 days of any changes, 456.042, F.S.**

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File Number: 30601  
Profession Code: 1501

Sequence Number: 712  
20 20



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## FINANCIAL RESPONSIBILITY

NAME: FERNANDO R. BETANECUET MD LICENSE NUMBER: ME 38573

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2. I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627.357, F.S.
3. I do not have hospital staff privileges and I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/\$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
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4. I do not practice medicine in the State of Florida or;
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(c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period;  
(d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458 or 459, F.S.; and  
(e) I have not been subject, within the past ten years of practice, to license revocation or suspension, probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458 or 459, F.S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license stipulation, consent order or other settlement offered in response to or in anticipation of filing of administrative charges against a license shall be construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in the form of a sign, prominently displayed in the 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 such a sign or notice must contain the wording specified in s. 458.320(5)(f) or 459.0085(5)(f), F. S.

FERNANDO RICARDO BETANCOURT  
3900 BROADWAY  
BLDG C  
FT MYERS, FL 33919

38573

Your Medical Doctor License # **ME 38573** will expire at midnight, Eastern Standard Time (EST) on **Saturday, January 31, 2009**. The total fee due for this renewal is **\$491.00**.

Please log onto [www.FLHealthsource.com](http://www.FLHealthsource.com) and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
  - a. Renew on-line
  - b. Print your renewal notice to submit with your payment via mail

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

Renewals by mail **MUST** include the renewal notice, not this postcard.

Remember all renewals **MUST** be submitted **no later than January 31, 2009**.

Questions? Contact the MQA Call Center at (850) 488-0595.

RENEWAL NOTICE

BOARD OF MEDICINE - Medical Doctor

License: ME 38573

Status: CLEAR ACTIVE

Expiration: 01/31/2009

Received Date : 11/26/2008

Deposit Date : 11/26/2008

Deposit # : 187888

Batch Number : 001007100

Validation # : 208004459

Check Amount : \$491.00

PRO\_CODE : 1501

The fee of \$491.00 and the renewal notice must be postmarked on or before January 31, 2009. Renewal notices postmarked on or after February 1, 2009 require renewal and delinquent fees of \$851.00.

<b>Name:</b> FERNANDO RICARDO BETANCOURT	
<b>Mailing Address:</b> 3900 BROADWAY BLDG C FT MYERS, FL 33901	<b>Practice Location:</b> 3900 BROADWAY BLDG C FT MYERS, FL 33901

- My mailing address has changed, please see update on Information Sheet.
- My practice location address has changed, please see update on Information Sheet.

**License Status**

**Dispensing**

I wish to discontinue my dispensing registration. I understand that I will no longer be able to dispense medicinal drugs for a fee from my practice location. Your renewal notice and fee of \$391.00 is due on or before January 31, 2009. Renewal notices postmarked on or after February 1, 2009 require a renewal fee of \$751.00

**Change of License Status**

- I wish to change my license status from Active to Inactive. The fee for an Inactive receipt postmarked on or before January 31, 2009 is \$391.00. The fee for Inactive on or after February 1, 2009 is \$851.00.

**Change of Military Status**

- I am requesting Military active status (You need to submit proof of active military duty. Please attach a copy of current active duty orders or a letter from your Commanding Officer). There is no fee for Military status.

**Change of Military Status by Spouse**

- I am requesting Military active status. My spouse is a member of the Armed Forces of the United States and I am absent from Florida due to my spouse's military duties. (Please attach a copy of your spouse's active duty order or a letter from their Commanding Officer). There is no fee for Military status.

**Change to Retired Status**

- I am requesting Retired status. The fee of \$55.00 for Retired status and the renewal notice must be postmarked on or before January 31, 2009. Renewal notices postmarked on or after February 1, 2009 will require a Retired status fee of \$515.00.

**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 (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the Department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation. If the name change cannot be completed, your license will be renewed using the current name.

Last	First	Middle	Title	Suffix
------	-------	--------	-------	--------

**Emergency Registration**

- Please check if you are renewing in Active status and you would be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster.

**Renewal Affirmation**

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing medical education and that the licensee has actively practiced medicine or has been on the active teaching faculty of an accredited medical school for at least 2 years of the immediately preceding 4 years. Active practice of medicine includes employment by any governmental entity in community or public health or practicing administrative medicine.

Profession Code: 1501 File Number: 30601



11/17/08 # 3070

**OPTION I: FINANCIAL RESPONSIBILITY COVERAGE**

- I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of selfinsurance as provided in s. 627.367, F.S.
- I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.
- I do not have hospital staff privileges and I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/\$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- I have elected not to carry medical malpractice insurance, however, I agree to satisfy any adverse judgements up to the minimum amounts pursuant to s. 458.320(5)(g) 1 or 459.0085(5)(g)1, F. S. I understand that I must either post notice in the form of a "sign" prominently displayed in the 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) or 459.0085(5)(g), F. S.

**OPTION II: FINANCIAL RESPONSIBILITY EXEMPTIONS**

- I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions;
- I hold a limited license issued pursuant to s. 458.317 or 459.0075, F. S., and practice only under the scope of the limited license;
- I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and Residents do not qualify for this exemption).
- I do not practice medicine in the State of Florida;
- I meet all of the following criteria: (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years; (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year; (c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five year period; (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458 or 459, F.S.; and (e) I have not been subject, within the past ten years of practice, to license revocation or suspension, probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458 or 459, F. S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license stipulation, consent order or other settlement offered in response to or in anticipation of filing of administrative charges against a license shall be construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in the form of a sign, prominently displayed in the 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 such a sign or notice must contain the wording specified in s. 458.320(5)(f) or 459.0085(5)(f), F. S.

ME0000038573





INFORMATION SHEET

Address Updates

If your address has changed, complete the information below and mail this page with your renewal form.

Change of Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone

\_\_\_\_\_  
Country

Change of Practice Location (Please note: PL address cannot contain a PO Box.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone

\_\_\_\_\_  
Country

Other Information: Avoiding complaints can protect your clients and your ability to practice. Go to [www.doh.state.fl.us/mqa/avoid.html](http://www.doh.state.fl.us/mqa/avoid.html) to find out more.

Continuing Education: Verify your Continuing Education Credits. Visit [www.cebroke.com](http://www.cebroke.com) to find out more.

More Help: Go to [www.doh-mqaservices.com](http://www.doh-mqaservices.com) to obtain additional renewal information.

Checklist for mailing renewal form:

If mailing your renewal form, use the checklist below as a guide for enclosing all of the required items to ensure a smooth renewal. If renewing by mail, please allow 2-4 weeks processing time.

Required items:

Renewal Notice

Cashier's Check or Money Order made payable to the Florida Department of Health

Financial Responsibility (check only one)

Mail to:

Florida Department of Health  
PO Box 6320  
Tallahassee, Florida 32314-6320

ME0000038573



\*\*\* **AUTO** \*\*\* 003\_006\_02259

38573-2259

FERNANDO RICARDO BETANCOURT  
3900 BROADWAY  
BLDG C  
FT MYERS, FL 33901

:339018111751:

Your Medical Doctor License # **ME 38573** will expire at midnight, Eastern Standard Time (EST) on **Monday, January 31, 2011**.

Please log onto [www.FLHealthsource.com](http://www.FLHealthsource.com) and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
  - a. Renew on-line
  - b. Print your renewal notice to submit with your payment via mail

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

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit [www.cebroke.com/subscribe](http://www.cebroke.com/subscribe) to purchase your **optional** subscription and track your continuing education credits. **NOTE:** This subscription is **not** required as a condition of license renewal.

Remember, all renewals **MUST** be submitted **no later than January 31, 2011** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.

\*\*\* **AUTO** \*\*\* 003\_006\_02259

38573-2259

FERNANDO RICARDO BETANCOURT  
3900 BROADWAY  
BLDG C  
FT MYERS, FL 33901

:339018111751:

Your Medical Doctor License # **ME 38573** will expire at midnight, Eastern Standard Time (EST) on **Monday, January 31, 2011**.

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1. Click **Renew My License** and log in.
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You will be prompted to complete the Physician Workforce Survey online.

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit [www.cebroke.com/subscribe](http://www.cebroke.com/subscribe) to purchase your **optional** subscription and track your continuing education credits.

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 January 31, 2011** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.



Division of Medical Quality Assurance  
P.O. Box 4839  
Tampa, Florida 33677-4839



**\*\*\* License Renewal Notification \*\*\***

**FERNANDO RICARDO BETANCOURT  
3900 BROADWAY  
BLDG C  
FT MYERS, FL 33901**

## License Renewal Notification

Your Medical Doctor License # **ME 38573** will expire at midnight, Eastern Standard Time (EST) on **Thursday, January 31, 2013**.

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

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
  - a. Renew on-line
  - b. Print your renewal notice to submit with your payment via mail

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

Renewals by mail **MUST** include the renewal form, not this postcard.

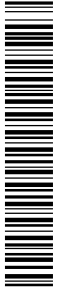
Visit **www.cebroke.com/subscribe** to purchase your **optional** subscription and track your continuing education credits.

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 January 31, 2013** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.



Division of Medical Quality Assurance  
P.O. Box 4839  
Tampa, Florida 33677-4839



**CONFIDENTIAL INFORMATION**

**\*\*\* License Renewal Notification \*\*\***

FERNANDO RICARDO BETANCOURT  
3900 BROADWAY  
BLDG C  
FT MYERS, FL 33901



## License Renewal Notification

Your Medical Doctor License # **ME 38573** 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)

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](http://www.flhealthsource.gov). For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto: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: FERNANDO RICARDO BETANCOURT  
License Number: ME 38573  
Profession: Medical Doctor  
Rank: BOARD OF MEDICINE - Medical Doctor  
License Status: CLEAR/ACTIVE  
Fee Paid: \$379.00  
Date of Birth: 04/03/1954  
Email Address:

### Mailing Address

3900 BROADWAY  
BLDG C  
FT MYERS, FL 33901

### Practice Location

3900 BROADWAY  
BLDG C  
FT MYERS, FL 33901

### Equal Opportunity Data

Gender: Male  
Race: Hispanic

### 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 hospital staff privileges or I perform surgery at an ambulatory surgical center and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914 (2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s.627 .357, F.S.