

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

5500000141353311

Process Date: 12/04/2018

Page: 1 of 1

**To:** CALDERIN, JULIO A  
  
1205 N CENTRAL AVE  
  
KISSIMMEE, FL 34741-4407

**From:** National Practitioner Data Bank  
**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

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**CALDERIN, JULIO A - SELF-QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** CALDERIN, JULIO A  
**Date of Birth:** 01/05/1975 **Gender:** MALE  
**Organization Name:** SOLEIL SURGICAL LLC  
**Organization Type:** MEDICAL GROUP/PRACTICE (365)  
**Delivery Address:** 1205 N CENTRAL AVE, KISSIMMEE, FL 34741-4407  
**Social Security Number:** \*\*\*-\*\*-2149 **DEA:** FC0333788  
**NPI:** 1669688834  
**License:** PHYSICIAN (MD), ME121162, FL, UNSPECIFIED  
**Professional School(s):** NORTH SHORE UNIVERSITY HOSPITAL (2010)

**B. PAYMENT INFORMATION**

**Credit Card Information:** XXXXXXXXXXXX1054 (12/2021)  
**NPDB Charge:** \$4.00 **NPDB Bill Reference Number:** N60427220  
**Transaction Date:** 12/04/2018 **Additional Paper Copies Requested:** 0

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 12/04/2018****The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	<b>Yes, See Below</b>	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

**PA STATE BOARD OF MEDICINE****STATE LICENSURE****Basis for Action:** - SUBSTANDARD OR INADEQUATE CARE

**Initial Action:** - REPRIMAND OR CENSURE **Date of Action:** 01/25/2018  
 - PUBLICLY AVAILABLE FINE/MONETARY PENALTY  
**DCN:** 5500000131835398

**DIVISION OF MEDICAL QUALITY ASSURANCE****STATE LICENSURE****Basis for Action:** - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES

**Initial Action:** - PUBLICLY AVAILABLE FINE/MONETARY PENALTY **Date of Action:** 06/29/2017  
 - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT  
 FOR DETAILS  
**DCN:** 5500000137258356

----- Unabridged Report(s) Follow -----

**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000131835398  
Process Date: 02/14/2018  
Page: 1 of 3  
CALDERIN, JULIO ANGEL**CALDERIN, JULIO ANGEL****PA STATE BOARD OF MEDICINE****STATE LICENSURE ACTION****Date of Action: 01/25/2018****Initial Action****Basis for Initial Action**- REPRIMAND OR CENSURE  
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- SUBSTANDARD OR INADEQUATE CARE

**A. REPORTING  
ENTITY**

Entity Name: PA STATE BOARD OF MEDICINE

Address: 2601 N 3RD ST

City, State, Zip: HARRISBURG, PA 17110-2046

Country:

Name or Office: MCARE

Title or Department: ADMINISTRATIVE OFFICER

Telephone: (717) 783-1400

Entity Internal Report Reference:

Type of Report: INITIAL

**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: CALDERIN, JULIO ANGEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/05/1975

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 50 MOISEY DR STE 214

City, State, ZIP: HAZLE TOWNSHIP, PA 18202-9297

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-2149

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNIVERSIDAD CENTRAL DEL CARIBE SCHOOL OF MEDICINE OF  
CAYEY (2002)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: MD446691, PA

Specialty: UNSPECIFIED

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

**NPDB**P.O. Box 10832  
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CALDERIN, JULIO ANGEL**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: SUBSTANDARD OR INADEQUATE CARE (F6)

Name of Agency or Program  
That Took the Adverse Action

Specified in This Report: PA STATE BOARD OF MEDICINE

Adverse Action

Classification Code(s): REPRIMAND OR CENSURE (1140)

PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Date Action Was Taken: 01/05/2018

Date Action Became Effective: 01/25/2018

Length of Action: PERMANENT

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 2,000.00

Is Subject Automatically Reinstated After  
Adverse Action Period Is Completed?: NODescription of Subject's Act(s) or Omission(s) or Other  
Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:

Action Taken: REPRIMAND OF LICENSE AND CIVIL PENALTY. The Board ORDERED that the license to practice medicine and surgery issued to the Respondent, Julio A Calderin, be REPRIMANDED. It is further ordered that he pay a civil penalty of \$2,000.00 within 30 days of the Board's final order. It is further ordered that he shall document completion of 5 hours of continuing education in Risk Management and document his presentation of the 1 hour lecture/seminar on wrong site surgery ORDERED by the Florida Board of Medicine. Reason For Action: Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken, or an application for license or other authorization refused, revoked or suspended by a proper licensing authority of another state, territory, possession or country, or a branch of the Federal Government. The Florida State Board of Medicine noted that he violated Florida law on or about October 14, 2015 by performing a wrong-site procedures, a procedure that is medically unnecessary and/or a procedure unrelated to the patient's medical condition, when he performed a right carotid artery endarterectomy on the patient.

Is the Adverse Action Specified in This Report Based on the  
Subject's Professional Competence or Conduct, Which Adversely  
Affected, or Could Have Adversely Affected, the  
Health or Welfare of Patient(s)?: YES

☐ Subject identified in Section B has appealed the reported adverse action.
**D. SUBJECT  
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 02/21/2018

at the time the Florida Board of Medicine filed an Administrative Complaint in the matter of Department of Health, Petitioner v. Julio Angel Calderin, MD, Respondent at Case No.:2015-29852, I no longer held an active Medical License in the state of Pennsylvania.

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Process Date: 02/14/2018  
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CALDERIN, JULIO ANGEL**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/14/2018

Date of Most Recent Change: 02/14/2018

**This report is maintained under the provisions of: Title IV; Section 1921**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

**END OF REPORT**

## DISCLOSURE HISTORY

**Report Number: 5500000131835398**

### F. DISCLOSURE HISTORY

#### Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
02/14/2018	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

Date Released	Entity Name
02/14/2018	ORLANDO VA MEDICAL CENTER 13800 VETERANS WAY ORLANDO, FL 32827 (407) 631-4000

Date Released	Entity Name
02/14/2018	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029

Date Released	Entity Name
02/22/2018	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029

Date Released	Entity Name
02/22/2018	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

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CALDERIN, JULIO ANGEL

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Date Released

05/07/2018

Entity Name

GLOBAL TPA, LLC  
5403 N CHURCH AVE  
TAMPA, FL 33614  
(813) 506-6000

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Date Released

06/06/2018

Entity Name

MOLINA HEALTHCARE OF FLORIDA, INC.  
1330 N WASHINGTON ST STE 4000  
SPOKANE, WA 99201  
(509) 321-1320

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Date Released

08/25/2018

Entity Name

SIMPLY HEALTHCARE PLANS INC  
9250 W FLAGLER ST STE 600  
MIAMI, FL 33174  
(305) 421-1956

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Date Released

12/04/2018

Entity Name

SELF-QUERIER

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**NPDB**P.O. Box 10832  
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000137258356  
Process Date: 08/01/2018  
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CALDERIN, JULIO ANGEL**CALDERIN, JULIO ANGEL*****DIVISION OF MEDICAL QUALITY ASSURANCE*****STATE LICENSURE ACTION****Date of Action: 06/29/2017****Initial Action****Basis for Initial Action**- PUBLICLY AVAILABLE FINE/MONETARY PENALTY  
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE  
REPORT FOR DETAILS- VIOLATION OF FEDERAL OR STATE STATUTES,  
REGULATIONS OR RULES**A. REPORTING  
ENTITY**

Entity Name: DIVISION OF MEDICAL QUALITY ASSURANCE

Address: BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY BIN C-01

City, State, Zip: TALLAHASSEE, FL 32399-0001

Country:

Name or Office: AMY CARRAWAY, OPERATIONAL SUPPORT SVC

Title or Department: FLORIDA DEPARTMENT OF HEALTH

Telephone: (850) 245-4120

Entity Internal Report Reference: 2015-29852(AG)

Type of Report: CORRECTION

Previous Report Number: 5500000125373774 (Please destroy all copies of the  
previous report)**B. SUBJECT  
IDENTIFICATION  
INFORMATION  
(INDIVIDUAL)**

Subject Name: CALDERIN, JULIO ANGEL

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/05/1975

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 8536 ADALINA PL

City, State, ZIP: ORLANDO, FL 32827-7276

Deceased: UNKNOWN

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-2149

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNIVERSIDAD CENTRAL DEL CARIBE SCHOOL OF MEDICINE OF  
CAYEY (2002)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: ME121162, FL

Specialty: UNSPECIFIED

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action.):

Business Address of Affiliate:



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CALDERIN, JULIO ANGEL

City, State, ZIP:

Nature of Relationship(s):

**C. INFORMATION  
REPORTED****NOTE: Information marked with an asterisk (\*) was added, corrected, or removed.**

Type of Adverse Action: STATE LICENSURE

Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR  
RULES (A6)Name of Agency or Program  
That Took the Adverse Action

Specified in This Report: FLORIDA BOARD OF MEDICINE

Adverse Action

Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified: LETTER OF CONCERN

Date Action Was Taken: 06/29/2017

Date Action Became Effective: 06/29/2017

\* Length of Action: PERMANENT

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 8,358.58

Is Subject Automatically Reinstated After

Adverse Action Period Is Completed?: YES

Description of Subject's Act(s) or Omission(s) or Other

Reasons for Action(s) Taken and Description of Action(s) Taken  
by Reporting Entity:

Allegation that on or about October 12, 2015, the Respondent performed a wrong-site procedure on patient when he performed a right carotid artery endarterectomy instead of a left carotid artery endarterectomy. The Respondent violated section 456.072(1)(bb), Florida Statutes (2015), by performing a wrong-site procedure, a procedure that is medically unnecessary and/or procedure unrelated to patients diagnosis or medical condition. The board has ordered a letter of concern and to pay an administrative fine and investigative costs. Information regarding the Department's actions is publicly available upon request.

\* Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?:

YES

☐ Subject identified in Section B has appealed the reported adverse action.
**D. SUBJECT  
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

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CALDERIN, JULIO ANGEL

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/06/2017

Date of Most Recent Change: 08/01/2018

**This report is maintained under the provisions of:** Title IV; Section 1921

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**END OF REPORT**

## DISCLOSURE HISTORY

Report Number: 5500000137258356

### F. DISCLOSURE HISTORY

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Date Released	Entity Name
08/01/2018	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029
Date Released	Entity Name
08/01/2018	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
Date Released	Entity Name
08/01/2018	MOLINA HEALTHCARE OF FLORIDA, INC. 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1320
Date Released	Entity Name
08/25/2018	SIMPLY HEALTHCARE PLANS INC 9250 W FLAGLER ST STE 600 MIAMI, FL 33174 (305) 421-1956
Date Released	Entity Name
12/04/2018	SELF-QUERIER

#### Recipient(s) of the Earlier Version of this Report

An earlier version of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report.

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Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000137258356  
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CALDERIN, JULIO ANGEL

Date Released	Entity Name
07/06/2017	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/06/2017	WELLMED MEDICAL MANAGEMENT 12459 NETWORK BLVD SAN ANTONIO, TX 78249 (210) 617-4029
07/06/2017	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
07/10/2017	ST. CLOUD REGIONAL MEDICAL CENTER 2906 17TH ST SAINT CLOUD, FL 34769 (407) 498-3433
07/28/2017	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
08/08/2017	WELL CARE OF FLORIDA, INC. 8735 HENDERSON RD REN2 TAMPA, FL 33634 (813) 206-3839
09/15/2017	OSCEOLA REGIONAL MEDICAL CENTER 700 W OAK ST KISSIMMEE, FL 34741 (407) 518-3514

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CALDERIN, JULIO ANGEL

Date Released	Entity Name
10/21/2017	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
11/08/2017	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
11/21/2017	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
12/28/2017	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
01/02/2018	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
01/16/2018	ORLANDO VA MEDICAL CENTER 13800 VETERANS WAY ORLANDO, FL 32827 (407) 631-4000
02/06/2018	SUNSHINE STATE HEALTH PLAN 1301 INTERNATIONAL PKWY STE 400 SUNRISE, FL 33323 (954) 514-1721

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CALDERIN, JULIO ANGEL

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**Date Released**

05/07/2018

**Entity Name**GLOBAL TPA, LLC  
5403 N CHURCH AVE  
TAMPA, FL 33614  
(813) 506-6000

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**Date Released**

06/06/2018

**Entity Name**MOLINA HEALTHCARE OF FLORIDA, INC.  
1330 N WASHINGTON ST STE 4000  
SPOKANE, WA 99201  
(509) 321-1320

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