

Practitioner Profile

Information in this profile has been verified by the practitioner.

MICHAEL J BENJAMIN

LICENSE NUMBER: **ME14909**
 Profession: **MEDICAL DOCTOR**
 Year Began Practicing: **7/1/1968**
 Expiration Date: **1/31/2014**
 Status: **CLEAR/ACTIVE**

Primary Practice Address

MICHAEL J BENJAMIN
 7777 N. UNIVERSITY DR
 SUITE 102
 TAMARAC, FL 33321

Medicaid

This practitioner does **not** participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	NORTHWEST MEDICAL CENTER
City	MARGATE
State	FLORIDA

Institution Name	CORAL SPRINGS MEDICAL CENTER
City	CORAL SPRINGS
State	FLORIDA

E-Mail Address

Please contact at: Not Provided

Other State Licensure

This practitioner has not indicated any additional state licensures.

Education and Training

Institution Name	HEALTH SCI CENTER-BROOKLYN
Dates of Attendance	8/1/1963-5/1/1967
Graduation Date	5/1/1967
Degree Title	MD

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	LONG ISLAND JEWISH MEDICAL CENTER
Program Type	INTERNSHIP
Specialty Area	TY - TRANSITIONAL YEAR
Other Specialty Area	

City	
State or Country	NEW YORK
Dates Attended From	07/01/1967
Dates Attended To	06/30/1968

Program Name	HOSPITAL CENTER
Program Type	RESIDENCY
Specialty Area	OBG - OBSTETRICS AND GYNECOLOGY
Other Specialty Area	
City	
State or Country	NEW YORK
Dates Attended From	07/01/1969
Dates Attended To	06/30/1971

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	AMERICAN BOARD OF OBSTETRICS & GYNECOLOG
Certification	OBG - OBSTETRICS AND GYNECOLOGY

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.

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by DOH at the time of initial licensure through the FDLE and FBI. Changes after initial licensure may be self-reported by the practitioner or updated based on a report received from FDLE. DOH conducts statewide criminal background checks every two years, immediately following a renewal cycle for the practitioner.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

[Information provided has been verified through a criminal records check as of 6/23/2010 5:06:37 PM.](#)

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions (Within last 10 years)

For instructions on how to order copies of final disciplinary actions, please go to http://www.doh.state.fl.us/mqa/clientserv/records_request.htm

This information has been reported by the Department of Health:

Taken By	Florida Department of Health
Date	12/11/2003
Description of Disciplinary Action	Obligations Imposed
Under Appeal	NO
Type	Fine
Imposed	12/11/2003
Due	6/10/2004
Completed	12/23/2003
Amt Due	\$5,000.00
Amt Recvd	\$5,000.00
Type	Costs
Imposed	12/11/2003
Due	6/10/2004
Completed	12/23/2003
Amt Due	\$5,263.00
Amt Recvd	\$5,263.00
Type	Continuing Education
Imposed	12/11/2003
Due	12/10/2004
Completed	10/1/2004
Amt Due	\$0.00
Amt Recvd	\$0.00

This information is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

Final disciplinary action taken by a specialty board within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has NEVER been asked to or allowed to resign from or had any medical staff privileges restricted or

revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 (Within last 10 years).

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

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	4/6/2001
County	
Judicial Case	
Settlement Date	6/12/2002
Amount	\$240,000.00
Policy Amount	\$250,000.00

Committees/Memberships

This practitioner has an affiliation with the following committees:

Committee/Membership	QUALITY ASSURANCE COMMITTEE
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Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

Language	FRENCH
Language	SPANISH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation	AMERICAN COLLEGE OF OBSTETRICS & GYNECOLOGY
Affiliation	BROWARD COUNTY MEDICAL ASSOCIATION
Affiliation	FLORIDA BOARD OF OBSTETRICS & GYNECOLOGY