



LUIS GUILLERMO RAMIREZ BRACHO

License Number: ME107667

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/2004
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

LUIS GUILLERMO RAMIREZ BRACHO
9035 SW 72ND STREET
SUITE 104
MIAMI, FL 33173

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
	MIAMI	FLORIDA
MERCY HOSPITAL INC.	MIAMI	FLORIDA
JACKSON SOUTH COMMUNITY HOSPITAL	MIAMI	FLORIDA
HIALEAH HOSPITAL	MIAMI	FLORIDA
PALMETTO GENERAL HOSPITAL	MIAMI	FLORIDA
CORAL GABLES HOSPITAL	MIAMI	FLORIDA

Email Address

Not Provided

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICAL DORTOR
MASSACHUSETTS	

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD CENTRAL DE VENEZUELA	MD	9/1/1994 - 3/1/2001	03/09/2001

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	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
HOSPITAL FOR SPECIAL SURGERY	INTERNSHIP	ORS - ORTHOPAEDIC SURGERY		NEW YORK	NEW YORK	02/01/2003	07/01/2004
MAIMONIDES MEDICAL CENTER	RESIDENCY	GS - SURGERY		BROOKLYN	NEW YORK	07/01/2004	08/01/2005
LENOX HILL HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW YORK	NEW YORK	08/01/2005	07/01/2006
MAIMONIDES MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW YORK	NEW YORK	07/01/2006	07/01/2007
LENOX HILL HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW YORK	NEW YORK	07/01/2007	07/01/2010
DOCTOR HOSPITAL	FELLOWSHIP	ORS - ORTHOPAEDIC SPORTS MEDICINE		MIAMI	FLORIDA	08/01/2010	01/31/2011

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

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

Specialty Certification

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	Certification	Date Certified
AMERICAN BOARD OF ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

Financial Responsibility

Financial Responsibility

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.

Proceedings and Actions

Proceedings & Actions

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 the Department at the time of initial licensure and renewal.

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

Medicaid Sanctions and Terminations

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

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

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

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

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

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

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

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

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed 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 last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed 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	County	Judicial Case	Settlement Date	Amount	Policy Amount
09/09/2014	DADE	11 JUDICAL CIRC	02/14/2020	\$250,000.00	\$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
American Academy of Orthopedic Surgeons

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

www.miamitotalsportsmedicine.com

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.

SPANISH
SPANISH

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF ORTHOPEDIC SURGERY