DORON FEINSILBER

License Number: ME110028

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2006
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

DORON FEINSILBER
2950 CLEVELAND CLINIC BLVD
WESTON, FL 33331

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
BANNER BAYWOOD MEDICAL CENTER	MESA	ARIZONA

Email Address

Please contact at: **feinsid@CCF.org**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	PHYSICIAN
LOUISIANA	PHYSICIAN
WISCONSIN	PHYSICIAN
LOUISIANA	MEDICINE

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
ROSS UNIVERSITY	MD	5/1/2002 - 5/1/2006	05/31/2006

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF WISCONSIN-MADISON	MADISON WI	UNITED STATES	09/01/1996	05/31/2000	B.S. IN MICROBIOLOGY/IMMUNOLOGY

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
JEWISH HOSPITAL, AFFILIATE OF UNIVERSITY OF CINCINNATI	INTERNSHIP	IM - INTERNAL MEDICINE		CINCINNATI	OHIO	07/01/2006	06/30/2007
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS	RESIDENCY	NM - NUCLEAR MEDICINE		MADISON	WISCONSIN	07/01/2007	03/24/2008
GREATER BALTIMORE MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BALTIMORE	MARYLAND	07/01/2008	06/30/2010
USF-MOFFITT CANCER CENTER	FELLOWSHIP	OTHER	HOSPICE AND PALLIATIVE MEDICINE	TAMPA	FLORIDA	07/01/2010	06/30/2011
OCHSNER CLINIC FOUNDATION	FELLOWSHIP	IM - ONCOLOGY		NEW ORLEANS	UNITED STATES	07/01/2014	12/12/2015
MEDICAL COLLEGE OF WISCONSIN	FELLOWSHIP	OTHER	INTERNAL MEDICINE, MEDICAL ONCOLOGY	MILWAUKEE	UNITED STATES	07/01/2018	06/30/2019

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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.
There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
TGH ETHICS COMMITTEE

AMERICAN SOCIETY FOR CLINICAL ONCOLOGY
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN COLLEGE OF PHYSICIANS
SOCIETY OF INTEGRATIVE ONCOLOGY
PATIENT SAFETY AND ANESTHESIA COMMITTEE, BANNER BAYWOOD MEDI

Professional or Community Service Awards

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

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
INTEGRATION OF NEXT-GENERATION SEQUENCING AND IMMUNE CHECKPOINT INHIBITORS IN TARGETED SYMPTOM CONTROL AND PALLIATIVE CARE IN SOLID TUMOR MALIGNANCIES, A MULTIDISCIPLINARY CLINICIAN PERSPECTIVE	CUREUS	07/02/2018
EVALUATION AND IDENTIFICATION OF PROTOCOLS FOR SAFE AND EFFICACIOUS INSTITUTIONAL ADMINISTRATION OF INTRAVENOUS IMMUNE GLOBULIN IN HYPOGAMMAGLOBULINEMIA ASSOCIATED WITH CHRONIC LYMPHOCYTIC LEUKEMIA, NON HODKINS LYMPHOMA AND MULTIPLE MYELOMA	ASCO QUALITY SYMPOSIUM 2018	01/01/2018
EVALUATION, IDENTIFICATION AND MANAGEMENT OF ACUTE METHOTREXATE TOXICITY IN HIGH DOSE METHOTREXATE ADMINISTRATION IN HEMTOLOGIC MALIGNANCIES	CUREUS	01/08/2018

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.
HEBREW

Other Affiliations

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

Affiliation
IPC HOSPITALISTS-ARIZONA