



## JUAN FERNANDO GOMEZ

License Number: ME111363

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

## General Information

### Primary Practice Address

JUAN FERNANDO GOMEZ  
1504 BREAKERS WEST BLVD  
WEST PALM BEACH, FL 33411

### 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
BAPTIST HOSPITAL	MIAMI	FLORIDA
JUPITER MEDICAL CENTER	JUPITER	FLORIDA
WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FLORIDA
WEST KENDALL BAPTIST HOSPITAL	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	MIAMI	FLORIDA
DOCTORS HOSPITAL	MIAMI	FLORIDA

### Email Address

Please contact at: [juanfergomd@gmail.com](mailto:juanfergomd@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MARYLAND	MEDICAL
LOUISIANA	IMG TRAINING PURPOSES ONLY

### 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 DEL VALLE	MD	1/1/1995 - 9/1/2002	09/01/2002

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
NEW YORK HOSPITAL QUEENS	INTERNSHIP	GS - SURGERY		FLUSHING	NEW YORK	07/01/2004	06/01/2005
TULANE UNIVERSITY MEDICAL CENTER	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		NEW ORLEANS	LOUISIANA	07/01/2005	06/01/2009
JOHNS HOPKINS UNIVERSITY	FELLOWSHIP	OTHER	DIAGNOSTIC NEURORADIOLOGY	BALTIMORE	MARYLAND	07/01/2009	06/01/2010
JOHNS HOPKINS UNIVERSITY	FELLOWSHIP	OTHER	INTERVENTIONAL NEURORADIOLOGY	BALTIMORE	MARYLAND	07/01/2010	06/01/2012
MIAMI VASCULAR AND CARDIAC INSTITUTE	FELLOWSHIP	DR - VASCULAR AND INTERVENTIONAL RADIOLO		MIAMI	FLORIDA	07/01/2012	06/30/2013

Academic Appointments

Graduate Medical Education

This practitioner has 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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	06/01/2009

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 not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
NEW YORK HOSPITAL AT QUEENS	BEST SURGERY INTERN AWARD
DIAGNOSTIC RADIOLOGY CHIEF RESIDENT	TULANE UNIVERSITY
OUTSTANDING RESEARCH AWARD	TULANE UNIVERSITY
FELLOW RESEARCH AWARD	RSNA

### Publications

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

Title	Publication	Date
IMMEDIATE PROCEDURAL OUTCOMES IN 35 CONSECUTIVE PIPELINE EMBOLIZATION CASES: A SINGLE CENTER, SINGLE USER EXPERIENCE	J NEUROINTERVENTIONAL SURGERY	03/29/2012
IN SITU REMOVAL OF PIPELINE EMBOLIZATION DEVICE: THE 'CORKING' AND 'PSEUDO-CORKING TECHNIQUES.	J NEUROINTERVENTIONAL SURGERY	02/23/2012
CLASSIFICATION SCHEMES OF DURAL ARTERIOVENOUS FISTULAS	NEUROSURGERY CLINICS OF NORTH AMERICA	01/01/2012
ENDOVASCULAR MANAGEMENT OF VEIN OF GALEN ANEURYSMAL MALFORMATIONS. INFLUENCE OF THE NORMAL VENOUS DRAINAGE ON THE CHOICE OF A TREATMENT STRATEGY	CHILDS NERVOUS SYSTEM	10/01/2010
ANEURYSM OF THE PETROUS PORTION OF THE INTERNAL CAROTID ARTERY AT THE FORAMEN LACERUM: ANATOMIC, IMAGING AND OTOLOGICAL FINDINGS	EAR NOSE THROAT J	07/01/2010
ENOPHTHALMOS IN SILENT SINUS SYNDROME	EAR NOSE THROAT J	09/01/2008
POST-TRAUMATIC CERVICAL CHYLOMA	EAR NOSE THROAT J	01/01/2008
TRIGEMINAL GANGLION DYSFUNCTION SECONDARY TO LYMPHOMA	EAR NOSE THROAT J	12/01/2007
TREATMENT OF CAROTID CAVERNOUS FISTULAS USING COVERED STENTS: MIDTERM RESULTS IN SEVEN PATIENTS	AMERICAN JOURNAL OF NEURORADIOLOGY	10/01/2007

### 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.

SPANISH

### Other Affiliations

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

Affiliation
MEDICAL BOARD OF GOVERNORS, CENTRAL PALM BEACH COUNTY
SOCIETY OF INTERVENTIONAL RADIOLOGY (SIR)
SOCIETY OF NEUROINTERVENTIONAL SURGERY (SNIS)