



ALEXANDRE MIGUEL BENJO

License Number: ME138275

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/01/2006
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

ALEXANDRE MIGUEL BENJO
9170 GLADES RD #189
BOCA RATON, FL 33434

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	City	State
LAKE HAVASU REGIONAL HOSPITAL	LAKE HAVASU CITY	ARIZONA
LAZ REGIONAL HOSPITAL	PARKER	ARIZONA
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
BETHESDA MEMORIAL HOSPITAL	BOYTON BEACH - EAST AND WEST HOSPITALS	FLORIDA

Email Address

Please contact at: ambenjo@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	MD
LOUISIANA	MD - EXPIRED
MISSISSIPPI	MD
ARIZONA	MD
FLORIDA	HOUSE STAFF

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
UNIVERSIDADE FEDERAL FLUMINENSE (UFF)	MD	3/1/1991 - 11/29/1996	12/02/1996
UNIVERSIDADE DE SAO PAULO (FMSP-USP)	DOCTORAL D	3/1/2000 - 8/10/2004	08/10/2004
UNIVERSIDADE FEDERAL FLUMINENSE	MD	3/1/1991 - 12/1/1996	12/01/1996

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 DOS SERVIDORES DO ESTADO	RESIDENCY	IM - INTERNAL MEDICINE		RIO DE JANEIRO	BRAZIL	04/01/1997	02/28/1998
HOSPITAL UNIVERSITARIO ANTONIO PEDRO - UFF	FELLOWSHIP	CAR - CARDIOLOGY		NITEROI	BRAZIL	03/01/1998	02/28/2000
GOOD SAMARITAN HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		BALTIMORE	UNITED STATES	07/01/2006	06/30/2007
YALE-NEW HAVEN HOSPITAL	RESIDENCY	AN - ANESTHESIOLOGY		NEW HAVEN	CONNECTICUT	07/01/2007	10/27/2008
ST.LUKES AND ROOSEVELT MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	10/28/2008	06/30/2010
MOUNT SINAI MEDICAL CENTER	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		MIAMI BEACH	FLORIDA	07/01/2010	06/30/2013

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	08/10/2010

Financial Responsibility

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.

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
09/09/2016	OUT OF STATE	C-2018446	01/03/2020	\$750,000.00	\$0.00
10/11/2018			05/10/2023	\$410,000.00	\$0.00

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 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.

SPANISH

PORTUGUESE

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.
