



BARUCH BERNARD GOLDSTEIN

License Number: ME130050

Profession Medical Doctor
 License Status CLEAR/Active
 Year Began Practicing 01/01/2003
 License Expiration 01/31/2027
 Date

General Information

The practitioner has not verified the information contained in this profile.

Primary Practice Address

BARUCH BERNARD GOLDSTEIN
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

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

| Institution Name | City | State |
|-------------------------------------|------------------|-----------|
| BANNER FORT COLLINS MEDICAL CENTER | FORT COLLINS | COLORADO |
| WAUKESHA MEMORIAL HOSPITAL | WAUKESHA | WISCONSIN |
| OCONOMOWOC MEMORIAL HOSPITAL | WAUKESHA | WISCONSIN |
| HAVASU REGIONAL MEDICAL CENTER | LAKE HAVASU CITY | ARIZONA |
| ST. MARYS HOSPITAL | MADISON | WISCONSIN |
| MINISTRY ST. CLARES HOSPITAL | WESTON | WISCONSIN |
| BANNER CASA GRANDE MEDICAL CENTER | CASA GRANDE | ARIZONA |
| ST. MARYS HOSPITAL JANESVILLE | JANESVILLE | WISCONSIN |
| FROEDTERT MEMORIAL LUTHERN HOSPITAL | MILWAUKEE | WISCONSIN |
| ST. LUKES NORTHLAND HOSPITAL | KANSAS CITY | MISSOURI |
| CUSHING MEMORIAL HOSPITAL | LEAVENWORTH | KANSAS |
| HEDRICK MEDICAL CENTER | CHILLICOTHE | MISSOURI |
| ST LUKES SOUTH HOSPITAL | OVERLAND PARK | KANSAS |
| ST. LUKES EAST HOSPITAL | LEES SUMMIT | MISSOURI |
| BANNER CHURCHILL COMMUNITY HOSPITAL | FALLON | NEVADA |
| PLATTE COUNTY MEMORIAL HOSPITAL | WHEATLAND | WYOMING |
| AURORA MEDICAL CENTER OSHKOSH | OSHKOSH | WISCONSIN |
| AURORA BAYCARE MEDICAL CENTER | GREEN BAY | WISCONSIN |
| COMMUNITY HOSPITAL TORRINGTON | TORRINGTON | WYOMING |
| AURORA MEDICAL CENTER | AURORA | COLORADO |
| AURORA SHEBOYGAN MEM MEDICAL CENTER | SHEBOYGAN | WISCONSIN |

| Institution Name | City | State |
|------------------------------------------------|-----------------|----------------|
| AURORA MEDICAL CENTER GRAFTON | GRAFTON | WISCONSIN |
| AURORA MEDICAL CENTER KENOSHA | KENOSHA | WISCONSIN |
| AURORA MEDICAL CENTER MANITOWOC CITY | MANITOWOC CITY | WISCONSIN |
| AURORA MEMORIAL HOSPITAL BURLINGTON | BURLINGTON | WISCONSIN |
| AURORA LAKELAND MED CENTER | ELKHORN | WISCONSIN |
| AURORA MEDICAL CENTER WASHINGTON COUNTY | HARTFORD | WISCONSIN |
| BANNER GOLDFIELD MEDICAL CENTER | APACHE JUNCTION | ARIZONA |
| AURORA WEST ALLIS MEDICAL CENTER | WEST ALLIS | WISCONSIN |
| AURORA ST. LUKES MEDICAL CENTER | MILWAUKEE | WISCONSIN |
| AURORA SINAI MEDICAL CENTER | MILWAUKEE | WISCONSIN |
| BANNER WASHAKIE MEDICAL CENTER | WORLAND | WYOMING |
| BANNER PAGE HOSPITAL | PAGE | ARIZONA |
| OGALLALA COMMUNITY HOSPITAL | OGALLALA | NEBRASKA |
| BANNER BOSWELL MEDICAL CENTER | SUN CITY | ARIZONA |
| BANNER DEL E WEBB MEDICAL CENTER | SUN CITY WEST | ARIZONA |
| BANNER IRONWOOD MEDICAL CENTER | SAN TAN VALLEY | ARIZONA |
| EAST MORGAN COUNTY HOSPITAL | BRUSH | COLORADO |
| MCKEE MEDICAL CENTER | LOVELAND | COLORADO |
| STERLING REGIONAL MEDICAL CENTER | STERLING | COLORADO |
| NORTH COLORADO MEDICAL CENTER | GREELEY | COLORADO |
| BANNER THUNDERBIRD MEDICAL CENTER | GLENDALE | ARIZONA |
| BANNER BAYWOOD HEART HOSPITAL | MESA | ARIZONA |
| BANNER UNIVERSITY MEDICAL CENTER PHOENIX | PHOENIX | ARIZONA |
| BANNER DESERT MEDICAL CENTER | MESA | ARIZONA |
| BANNER BAYWOOD MEDICAL CENTER | MESA | ARIZONA |
| BANNER GATEWAY MD ANDERSON HOSPITAL | GILBERT | ARIZONA |
| BANNER ESTRALLA | PHOENIX | ARIZONA |
| MERCY HOSPITAL ST. LOUIS | ST. LOUIS | MISSOURI |
| BANNER PAYSON MEDICAL CENTER | PAYSON | ARIZONA |
| COMMUNITY MEMORIAL HOSPITAL OF MENOMONEE FALLS | MENOMONEE FALLS | WISCONSIN |
| ST JOSEPH COMMUNITY HOSPITAL OF WEST BEND | WEST BEND | WISCONSIN |
| ST LUKES HOSPITAL OF KANSAS CITY | KANSAS CITY | MISSOURI |
| MERCY HOSPITAL ADA | ADA | OKLAHOMA |
| MERCY HOSPITAL ARDMORE | ARDMORE | OKLAHOMA |
| MERCY HOSPITAL OKLAHOMA | OKLAHOMA CITY | OKLAHOMA |
| MERCY HOSPITAL FORT SMITH | FORT SMITH | KANSAS |
| MERCY HOSPITAL JOPLIN | JOPLIN | MISSOURI |
| MERCY ST. FRANCIS HOSPITAL | MOUNTAIN VIEW | MISSOURI |
| MERCY HOSPITAL JEFFERSON | FESTUS | MISSOURI |
| MERCY HOSPITAL WASHINGTON | WASHINGTON | MISSOURI |
| BAXTER REGIONAL MEDICAL CENTER | MOUNTAIN HOME | ARKANSAS |
| SELF REGIONAL HEALTHCARE | GREENWOOD | SOUTH CAROLINA |

Email Address

Please contact at: bgoldstein@remoteicu.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|----------------|----------------|
| INDIANA | MEDICAL DOCTOR |
| WISCONSIN | MEDICAL DOCTOR |
| CALIFORNIA | MEDICAL DOCTOR |
| KANSAS | MEDICAL DOCTOR |
| NEVADA | MEDICAL DOCTOR |
| WYOMING | MEDICAL DOCTOR |
| SOUTH CAROLINA | MEDICAL DOCTOR |
| COLORADO | MEDICAL DOCTOR |
| KENTUCKY | MEDICAL DOCTOR |
| MISSOURI | MEDICAL DOCTOR |
| ARIZONA | MEDICAL DOCTOR |
| OHIO | MEDICAL DOCTOR |
| ALASKA | MEDICAL DOCTOR |
| PENNSYLVANIA | MEDICAL DOCTOR |
| NEBRASKA | MEDICAL DOCTOR |
| ARKANSAS | MEDICAL DOCTOR |
| NORTH CAROLINA | MEDICAL DOCTOR |
| IOWA | MEDICAL DOCTOR |
| OKLAHOMA | MEDICAL DOCTOR |
| ILLINOIS | MEDICAL DOCTOR |
| IDAHO | MEDICAL DOCTOR |
| GEORGIA | MEDICAL DOCTOR |
| NEW YORK | MEDICAL DOCTOR |
| OREGON | MEDICAL DOCTOR |
| MINNESOTA | MEDICAL DOCTOR |
| NORTH DAKOTA | MEDICAL DOCTOR |
| NEW HAMPSHIRE | MEDICAL DOCTOR |
| SOUTH DAKOTA | MEDICAL DOCTOR |

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

The practitioner has not verified the information contained in this profile.

Education and Training

| Institution Name | Degree Title | Dates of Attendance | Graduation Date |
|----------------------------|--------------|----------------------|-----------------|
| SACKLER SCHOOL OF MEDICINE | MD | 9/1/1999 - 5/19/2003 | 05/19/2003 |

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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 |
|----------------------------|--------------|-----------------------------|----------------------|----------|------------------|---------------------|-------------------|
| BETH ISRAEL MEDICAL CENTER | RESIDENCY | IM - INTERNAL MEDICINE | | NEW YORK | NEW YORK | 07/01/2003 | 06/30/2006 |
| MOUNT SINAI MEDICAL CENTER | FELLOWSHIP | IM - CRITICAL CARE MEDICINE | | NEW YORK | NEW YORK | 07/01/2006 | 06/30/2008 |

Academic Appointments

The practitioner has not verified the information contained in this profile.

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

Specialty Certification

The practitioner has not verified the information contained in this profile.

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 | 08/23/2006 |
| AMERICAN BOARD OF INTERNAL MEDICINE | IM - CRITICAL CARE MEDICINE | 11/13/2008 |

Financial Responsibility

The practitioner has not verified the information contained in this profile.

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

The practitioner has not verified the information contained in this profile.

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

The practitioner has not verified the information contained in this profile.

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 not indicated that any languages other than English are used to communicate with patients, or that any

translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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