



ILIYA BEYLIN

License Number: PO2983

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|--|---------------------|
| Profession | Podiatric Physician |
| License Status | Clear/Active |
| Year Began Practicing | Not Provided |
| License Expiration Date | 03/31/2026 |
| Controlled Substance Prescriber (for the | Yes |
| Treatment of Chronic Non-malignant Pain) | |

General Information

Primary Practice Address

ILIYA BEYLIN
2929 UNIVERSITY DRIVE
SUITE 106
CORAL SPRINGS, FL 33065

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 |
|----------------------------------|------------|---------|
| WESTSIDE REGIONAL MEDICAL CENTER | PLANTATION | FLORIDA |

Email Address

Please contact at: iliyabeylin@hotmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|---------|------------|
| FLORIDA | PODIATRIST |

Education and Training

Education and Training

| Institution Name | Degree Title | Dates of Attendance | Graduation Date |
|------------------|--------------|---------------------|-----------------|
| BARRY UNIVERSITY | DPM | | 05/01/1999 |

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 MIAMI | | | 08/30/1991 | 05/01/1995 | BS - BACHELOR OF SCIENCE |

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 |
|---------------------|--------------|--------------------------------------|----------------------|--------|------------------|---------------------|-------------------|
| COOPER HOSPITAL/UMC | | PIR - PODIATRIC INTERNSHIP/RESIDENCY | | CAMDEN | NEW JERSEY | 06/01/1999 | 06/01/2000 |
| COOPER PLAZA/UMC | | PIR - PODIATRIC INTERNSHIP/RESIDENCY | SURGERY | CAMDEN | NEW JERSEY | 06/01/2000 | 06/01/2002 |

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 PODIATRIC SURGERY | FOOT AND ANKLE SURGERY | |

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 \$5,000.00 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 |
|---------------|----------|---------------|-----------------|--------------|---------------|
| 07/23/2015 | BRADFORD | 16-022988(21) | 07/26/2019 | \$250,000.00 | \$250,000.00 |

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:

AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS-MEMBER

AMERICAN COLLEGE OF FOOT & ANKLE ORTHOPEDICS-ASSOCIATE

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 |
|-------------------|--------------|------------|
| CHRONIC FOOT PAIN | PATIENT CARE | 01/01/2002 |

Professional Web Page

www.coralspringgsfootankle.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.
RUSSIAN

Other Affiliations

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