### **BRETT FRIED**

### License Number: PO3252

Profession Podiatric Physician
License Status CLEAR/Active
Year Began Practicing Not Provided
License Expiration 03/31/2026

Date

# **General Information**

### **Primary Practice Address**

BRETT FRIED 11412 OKEECHOBEE BLVD ROYAL 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
PALMS WEST HOSPITAL	LOXAHATCHEE	FLORIDA
WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FLORIDA
JFK MEDICAL CENTER	ATLANTIS	FLORIDA
PALM BEACH LAKES SURGERY CENTER	WEST PALM BEACH	FLORIDA

### **Email Address**

Please contact at: baltman@sffac.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	PODIATRY

# **Education and Training**

### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK COLLEGE OF PODIATRIC MEDICINE.	DPM	6/1/1999 - 6/1/2003	06/01/2003

### **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
COLLEGE OF STATEN ISLAND	STATEN ISLAND	NEW YORK	06/01/1995	06/01/1999	BS BIOLOGY

### **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
NYCPM AFFILIATEDD INSTITUTIONS	RESIDENCY	PIR - PODIATRIC INTERNSHIP/RESIDENCY		NEW YORK	NEW YORK	07/01/2003	06/30/2004
NYCPM AFFILIATED INSTIUTIONS	RESIDENCY	PIR - PODIATRIC INTERNSHIP/RESIDENCY		NEW YORK	NEW YORK	07/01/2004	06/30/2005
FOOT AND LEG HEALTH CARE SPECIALISTS	RESIDENCY	PIR - PODIATRIC INTERNSHIP/RESIDENCY		NEW YORK	NEW YORK	07/01/2005	06/30/2006

# **Academic Appointments**

#### **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**

### **Specialty Certification**

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# 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
09/11/2020	LEE		08/30/2023	\$150,000.00	\$250,000.00

# **Optional Information**

#### Committees/Memberships

This practitioner has an affiliation with the following committees:

Staff Privi: Well Star Cobb Hospital; Austee, GA Staff Privi: Well Star Windyhill Hospital; Mrietta, GA Staff Privi: Well Star Kennestone Hospital; Marietta, GA

GPMA APMA AAPPM ABPME ACFAS

### **Professional or Community Service Awards**

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

# Community Service/Award/Honor CERTIFICATE OF APPRECIATION FOR RENDERNG CARE DURING 9/11. Organization

# 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**

www.sffac.com

## **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.