# STEPHEN MARK LIPKIN MD

# License Number: ME44518

ProfessionMedLicense StatusClearYear Began Practicing01/0License Expiration Date01/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active 01/01/1981 01/31/2027 Yes

# **General Information**

## **Primary Practice Address**

STEPHEN MARK LIPKIN MD 8329 W. SUNRISE BLVD PLANTATION, FL 33322

## 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
FLORIDA MEDICAL CENTER	LAUDERDALE LAKES	FLORIDA
UNIVERSITY HOSPITAL AND MEDICAL CENTER	TAMARAC	FLORIDA
CORAL SPRINGS MEDICAL CENTER	CORAL SPRINGS	FLORIDA
HEALTHSOUTH SUNRISE REHABILITATION HOSPITAL	SUNRISE	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FT LAUDERDALE	FLORIDA
THE SURGERY CENTER	TAMARAC	FLORIDA
WESTSIDE REGIONAL MEDICAL CENTER	PLANTATION	FLORIDA

## **Email Address**

Please contact at: Expirables@gastrohealth.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
TEMPLE UNIVERSITY	MD	6/1/1975 - 5/24/1979	05/24/1979

# **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
TEMPLE UNIVERSITY	PHILADELPHIA	PENNSYLVANIA	06/01/1974	05/24/1979	MS PHARMOCOLOGY

# **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
TEMPLE UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/1979	06/30/1980
TEMPLE UNIVERSITY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/1980	06/30/1982
TEMPLE UNIVERSITY HOSPITAL	FELLOWSHIF	PIM - GASTROENTEROLOGY	(	PHILADELPHIA	PENNSYLVANIA	07/01/1982	06/30/1984

# 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**

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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 - GASTROENTEROLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

# **Financial Responsibility**

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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**

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#### **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 an affiliation with the following committees: CHIEF OF GASTROENTEROLOGY, FLORIDA MEDICAL CENTER

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

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

Community Service/Award/Honor	Organization
ALPHA OMEGA ALPHA	NATIONAL MEDICAL HONOR SOCIETY
WHO'S WHO	
FACP	AMERICAN COLLEGE OF PHYSICIANS

#### Community Service/Award/Honor

Organization

AGAF

#### AMERICAN COLLEGE OF GASTROENTEROLOGY

#### **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.GastroHealth.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. CREOLE SPANISH

#### **Other Affiliations**

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

#### Affiliation

AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY

BROWARD COUNTY MEDICAL ASSOCIATION

FELLOW AMERICAN COLLEGE OF PHYSICIANS

FELLOW AMERICAN GASTROENTEROLOGIC ASSOCIATION