



## RICHARD DAVID HEEKIN

License Number: ME49020

Profession	Medical Doctor
License Status	Disc Relinquish/
Year Began Practicing	01/01/1985
License Expiration Date	01/31/2021
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

RICHARD DAVID HEEKIN  
1061 HOLMESDALE RD  
JACKSONVILLE, FL 32207

### 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
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA
ST. VINCENTS MEDICAL CENTER	JACKSONVILLE	FLORIDA
ST. LUKE'S HOSPITAL	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [dr.david.heekin@gmail.com](mailto:dr.david.heekin@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MD
	MD
	MD

### 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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIFORMED SERVICES UNIVERSITY	MD	1/1/1981 - 5/18/1985	05/18/1985

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
WALTER REED ARMY MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1985	07/01/1986
WALTER REED ARMY MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1987	06/30/1991
ANDERSON RESEARCH INSTITUTE	FELLOWSHIP	OTHER	TOTAL JOINT REPLACEMENT SURGERY	***	VIRGINIA	05/01/1994	10/31/1994

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT PROFESSOR OF SURGERY	UNIFORMED SERV UNIV OF HLTH SCI F EDWARD	BETHESDA	MARYLAND

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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

Financial Responsibility

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

## 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	12/20/2021	VOLUNTARY SURRENDER	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
RETURN LICENSE	11/15/2021		12/20/2021	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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
01/18/2011	DUVAL		12/08/2016	\$250,000.00	\$250,000.00
10/08/2018			07/20/2020	\$145,000.00	\$0.00
01/10/2017	DUVAL	2019-CA-004046	12/10/2020	\$120,000.00	\$0.00

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
08/06/2018			07/02/2021	\$250,000.00	\$0.00
11/18/2019	NASSAU		08/06/2021	\$250,000.00	\$250,000.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:  
RESEARCH COMMITTEE, AMERICAN ASSN OF HIP AND KNEE SURGEONS

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
RADIOLOGIC PATHOLOGY CUP 1995	FLORIDA ORTHOPEDIC SOCIETY
HONORABLE MENTION	WASHINGTON ORTHOPEDIC SOCIETY RESIDENT'S COMPETITION
JOSEPH BOUGH RESIDENT'S AWARD 1991	
JOSEPH BOUGH RESIDENT'S AWARD, 1991	AMERICAN COLLEGE OF SURGEONS

### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
FRACTURES THROUGH CYSTIC LESIONS OF THE GREATER TROCHANTER	THE JOURNAL OF ARTHROPLASTY	09/01/1996
ARTHROSCOPIC RELEASE FOR LATERAL EPICONDYLITIS :CADAVERIV	ARTHROSCOPY	04/01/1999
THE POROUS-COATED ANATOMIC TOTAL HIP PROSTHESIS, INSERTED	J. BONE AND JOINT SURGERY	01/01/1999
A CADAVERIC MODEL FOR ARTHROSCOPIC TREATMENT OF LATERAL	J SOUTHERN ORTHOPAEDIC ASSOCIATION	01/01/1998
A REVIEW OF TOTAL JOINT REPLACEMENT IN ACTIVE DUTY SOLDIER	MILITARY MEDICINE	01/01/1997

### Professional Web Page

www.heekinclinic.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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF HIP & KNEE SURGEONS
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN COLLEGE OF SURGEONS
FLORIDA ORTHOPEDIC SOCIETY
NORTHEAST FLORIDA ORTHOPEDIC SOCIETY
SOCIETY OF MILITARY ORTHOPAEDIC SURGEONS
STAFF PRV/DDEA MEDICAL CENTER/FORT GORDON, GA