



HELDO GOMEZ JR

License Number: ME55599

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1991  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

HELDO GOMEZ JR  
900 VILLAGE SQUARE CROSSING  
SUITE 270  
PALM BEACH GARDENS, FL 33410-4552

### 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
PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS	FLORIDA
CORAL GABLES HOSPITAL	CORAL GABLES	FLORIDA
JUPITER MEDICAL CENTER	JUPITER	FLORIDA
LAKE WORTH SURGICAL CENTER	LAKE WORTH	FLORIDA

### Email Address

Please contact at: [lokeefe.heldogomezmdpa@gmail.com](mailto:lokeefe.heldogomezmdpa@gmail.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF MIAMI	MD		05/12/1985

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	CORAL GABLES	FLORIDA	01/01/1977	01/01/1981	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
CLEVELAND CLINIC	RESIDENCY	NS - NEUROLOGICAL SURGERY		CLEVELAND	OHIO	07/01/1986	06/30/1991
CLEVELAND CLINIC FOUNDATION	INTERNSHIP	GS - SURGERY		CLEVELAND	OHIO	07/01/1985	06/30/1986
ALLEGHENY GENERAL HOSPITAL	FELLOWSHIP	OTHER	NEUROTRAUMA	PITTSBURGH	PENNSYLVANIA	07/01/1989	12/01/1989

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 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 NEUROLOGICAL SURGERY	NS - NEUROLOGICAL SURGERY	05/17/1995

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:

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](#).

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
11/04/2014			10/09/2018	\$220,000.00	\$0.00
11/04/2014	OUT OF STATE	50-2017-CA-0021	10/09/2018	\$220,000.00	\$250,000.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

JOINT SECTION/DISORDERS OF SPINE/AANS AND CNS

JOINT SECTION/NEUROTRAUMA & CRITICAL CARE/AANS AND CNS

JOINT SECTION/CEREBROVASCULAR SURGERY/AANS AND CNS

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
HONOR MEDICAL SOCIETY	ALPHA OMEGA ALPHA
UPJOHN ACHIEVEMENT AWARD	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE

Community Service/Award/Honor	Organization
PREMEDICAL HONOR SOCIETY	ALPHA EPSILON DELTA

## Publications

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

Title	Publication	Date
PRIMARY CLOSURES OF INFECTED SPINAL WOUNDS	NEUROSUGERY	01/01/1990
STEROTACTIC AND COMPUTER-ASSISTED NEUROSURGERY	CLEVELAND CLINIC JOURNAL OF MEDICINE	01/01/1993
COMPLICATION OF SILICONE-COATED DACRON DURAL GRAFTS	NEUROSURGERY	01/01/1989

## Professional Web Page

This practitioner has not provided any professional web page information.

## 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.

SPANISH

## Other Affiliations

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

Affiliation
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS
CONGRESS OF NEUROLOGICAL SURGEONS
FLORIDA MEDICAL ASSOCIATION
FLORIDA NEUROSURGICAL SOCIETY
NORTH AMERICAN SPINE SOCIETY
PALM BEACH COUNTY MEDICAL SOCIETY