### WILLIAM FRANCIS BENNETT

### License Number: ME56557

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1995
License Expiration 01/31/2026

Date

# General Information

## **Primary Practice Address**

WILLIAM FRANCIS BENNETT 1250 S. TAMIAMI TR SUITE 303 SARASOTA, FL 34239

#### **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
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA
COLUMBIA DOCTORS HOSPITAL OF SARASOTA	SARASOTA	FLORIDA
LAKEWOOD RANCH MEDICAL CENTER	SARASOTA	FLORIDA

#### **Email Address**

Please contact at: wb3127@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MEDICAL
CALIFORNIA	MEDICAL

# 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 CONNECTICUT	MD		

#### **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
BAYLOR UNIVERSITY MEDICAL CENTER	INTERNSHIP	GS - SURGERY		DALLAS	TEXAS	01/01/1988	01/01/1989
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE	OTHER PROGRAM	ORTHOPEDICS		TAMPA	FLORIDA	01/01/1989	01/01/1990
UNIVERSITY OF TEXAS	OTHER PROGRAM	ORTHOPEDICS		HOUSTON	TEXAS	01/01/1990	01/01/1993
LOS ANGELES ORTHOPEDIC INSTITUTE		ORS - ORTHOPAEDIC SPORTS MEDICINE		LOS ANGELES	CALIFORNIA	01/01/1993	01/01/1994
AO ASIF UPPER EXTREMITY FELLOWSHIP	FELLOWSHIF	PORS - ADULT RECONSTRUCTIVE ORTHOPAEDICS		FRIBOURG	SWITZERLAND	06/01/1993	08/14/1993

# **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 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:

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:

FLORIDA ORTHOPEDIC SOCIETY

AMERICAN ACADEMY OF ORTHOPEDIC SURGERY

AMERICAN BOARD OF ORTHOPEDIC SURGERY

ARTHROSCOPY ASSOCIATION OF NORTH AMERICA

AMERICAN ORTHOPEDIC SOCIETY OF SPORTSMEDICINE

INTERNATIONAL SOCIETY OF ARTHROSCOPY KNEE SURGERY AND ORTHOP

INTERNATIONAL SOCIETY FOR CARTILAGE REPAIR

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
25 YEAR MEMBER	PHI BETA KAPPA
MAGNA CUM LAUDE	WAKE FOREST UNIVERSITY

Community Service/Award/Honor	Organization
HONORS GRADUATE	WAKE FOREST UNIVERSITY
COUNCIL OF DELEGATES 2005-2008	AMERICAN ORTHOPEDIC SOCIETY FOR SPORTSMEDICINE
EDITORIAL BOARD 2000-2005	JOURNAL OF ARTHROSCOPY
BEST SURGEONS	WHOS WHO

#### **Publications**

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

31		<b>,</b>
Title	Publication	Date
ARTHROSCOPIC REPAIR OF COMPLETE SUBSCAPULARIS TEARS 2 YEAR	ARTHROSCOPY	02/01/2003
ARTHROSCOPIC REPAIR OF COMPLETE ANTEROSUPERIOR ROTATOR CUFF	ARTHROSCOPY	01/01/2003
ARTHROSCOPIC REPAIR OF MASSIVE ROTATOR CUFF TEARS 2-YEAR FO	ARTHROSCOPY	04/02/2003
ARTHROSCOPIC BICIPITAL SHEATH RECONSTRUCTION- PULLEY REPAIR	ARTHROSCOPY	11/01/2004
ANATOMY OF THE JUNCTION OF THE VASTUS LATERALIS TENDON AND T	JBJS	04/02/1987
INSERTION ORIENTATION OF TERMINAL VASTUS LATERALIS OBLIQUUS	JOURNAL OF ANATOMY	06/02/1993
OPERATIVE TREATMENT OF THE RHEUMATOID SHOULDER	CURRENT OPINION IN RHEUMATOLOGY	06/02/1992
TIBIAL PLATEAU FRACTURES ASSOCIATED SOFT TISSUE INJURIES	JOURNALL OF ORTHOPEDIC TRAUMA	06/02/1994
PART L ANATOMY BIOMECHANICS DIAGNOSIS AND NATURAL SEQUELAE	ORTHOPEDIC REVIEW	05/01/1994
TREATMENT OF ACUTE AND CHRONIC INJURIES	ORTHOPEDIC REVIEW	06/01/1994
A TECHNIQUE FOR RECONSTRUCTING THE CALCANEOFIBULAR LIGAMENT	TECHNIQUES IN ORTHOPEDICS	12/01/1994
ARTHROSCOPIC LATERAL KNEE PORTALS REVISTED	JOURNAL OF ORTHOPEDICS	07/01/1995
ARTHROSCOPIC LATERAL RELEASE A CADAVERIC STUDY OF OPEN AND	ELECTRONIC JOURNAL OF ORTHOPEDICS	09/01/1999
THE SPECIFICITY OF THE SPEED'S TEST	ARTHROSCOPY	12/01/1999
SEQUENTIAL ARTHROSCOPIC RELEASE OF THE SHOULDER IN ADHESIVE	ARTHROSCOPY	03/01/2000
TECHNIQUES FOR VISUALIZING ROTATOR INTERVAL LESIONS AND THE	ARTHROSCOPY	01/01/2001
SUBSCAPULARIS MEDIAL AND LATERAL CORACOHUMERAL LIGAMENT INS	ARTHROSCOPY	02/01/2001
ARTHROSCOPIC REPAIR OF COMPLETE SUPRASPINATUS TEARS 2 YEAR	ARTHROSCOPY	03/01/2003

# **Professional Web Page**

BennettOrthopedics.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.

FRENCH

# **Other Affiliations**

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