



## ARNOLD MARK EINHORN

License Number: ME57247

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1990
License Expiration	01/31/2027
Date	

## General Information

### Primary Practice Address

ARNOLD MARK EINHORN  
 1723 LUCERNE TERRACE  
 SUITE 100  
 ORLANDO, FL 32806

### 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
LUCERNE MEDICAL CENTER	ORLANDO	FLORIDA
SOUTH SEMINOLE HOSPITAL	LONGWOOD	FLORIDA
SAND LAKE HOSPITAL	ORLANDO	FLORIDA
PRINCETON HOSPITAL	ORLANDO	FLORIDA
FLORIDA MEDICAL CENTER, SOUTH	PLANTATION	FLORIDA
SOUTH LAKE MEMORIAL HOSPITAL	CLERMONT	FLORIDA
HEALTH CENTRAL	ORLANDO	FLORIDA
FLORIDA HOSPITAL-CELEBRATION HEALTH	CELEBBRATION	FLORIDA
ORLANDO REGIONAL HEALTHCARE SYSTEM	ORLANDO	FLORIDA

### Email Address

Please contact at: [aeinhorn@mycvcfl.com](mailto:aeinhorn@mycvcfl.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	MEDICAL DOCTOR
NEW YORK	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

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ST GEORGE'S UNIV, SCH OF MED	MD		01/01/1982

### 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
KINGS COUNTY HOSPITAL-SUNY HEALTH SCIENCE CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	07/01/1982	06/30/1983
KINGS COUNTY HOSPITAL-SUNY HEALTH SCIENCE CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	07/01/1983	06/30/1986
KINGS COUNTY HOSPITAL-SUNY HEALTH SCIENCE CENTER	OTHER PROGRAM	IM - INTERNAL MEDICINE		BROOKLYN	NEW YORK	01/01/1985	06/30/1987
SUNY HEALTH SCIENCE CENTER	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		BROOKLYN	NEW YORK	01/01/1986	01/01/1987

## 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
CLINICAL ASSOCIATE PROFESSOR	UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN	GAINESVILLE	FLORIDA

## 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 INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

## 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.

#### 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:  
CHAIRMAN/CRITICAL CARE COMMITTEE/ORHS/ORLANDO, FLORIDA  
CREDENTIAL COMMITTEE/ORHS/ORLANDO, FLORIDA  
CHIEF/DEPARTMENT OF CARDIOLOGY/ORHS/ORLANDO, FLORIDA  
ADVISORY COMMITTEE/IMAGING PROGRAM/VALENCIA COMM. COLLEGE

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE FO PHYSICIANS
ASSOCIATE FELLOW	NEW YORK CARDIOLOGICAL SOCIETY

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE OF ANGIOLOGY
FELLOW	AMERICAN COLLEGE OF CARDIOLOGY

### Publications

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

Title	Publication	Date
CARDIOLOGY SECRETS	ENDOCARDITIS-CHAPTER 22	01/01/1994
INTRACORONARY THROMBECTOMY: A NEW APPROACH TO TOTAL OCCLUS	CATH AND CV DX	01/01/1989
A LARGE PERICARDIAL EFFUSION IN A PATIENT WITH HIV TYPE 1	NYS J MED	01/01/1990
MORTALITY AND MORBIDITY IN PATIENTS RECEIVING ENCAINIDE,FL	NE J MED	01/01/1991

### 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  
 PORTUGUESE  
 HUNGARIAN

### Other Affiliations

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

Affiliation
AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE
AMERICAN HEART ASSOCIATION
SCIENTIFIC COUNCIL MEMBER, AMERICAN HEART ASSOCIATION