



## NORBERTO SIMON SCHECHTMANN M.D.

License Number: ME60952

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1976
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

NORBERTO SIMON SCHECHTMANN M.D.  
1223 GATEWAY DRIVE  
MELBOURNE, FL 32901

### 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
HOLMES REGIONAL MEDICAL CENTER	MELBOURNE	FLORIDA
PALM BAY COMMUNITY HOSPITAL	PALM BAY	FLORIDA

### Email Address

Please contact at: [Norberto.Schechtmann@gmail.com](mailto:Norberto.Schechtmann@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CONNECTICUT	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
CALIFORNIA	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
UNIV DE BUENOS AIRES, FAC DE M	MD		12/20/1975

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
HOSPITAL RIVADAVIA	INTERNSHIP	IM - INTERNAL MEDICINE		BUENOS AIRES	ARKANSAS	01/01/1977	01/01/1978
HOSPITAL RAMOS MEJIA	RESIDENCY		CARDIOLOGY	BUENOS AIRES	ARKANSAS	01/01/1978	01/01/1981
BOOTH MEMORIAL HOSPITAL,ALBERT EINSTEIN COLLEGE OF MEDICIN	RESIDENCY	IM - INTERNAL MEDICINE		FLUSHING	NEW YORK	01/01/1985	01/01/1988
UNIVERSITY OF CALIFORNIA	FELLOWSHIP		NUCLEAR CARDIOLOGY	SAN FRANCISCO	CALIFORNIA	01/01/1983	01/01/1985
UNIVERSITY OF CONNECTICUT HEALTH CENTER	FELLOWSHIP		CARDIOLOGY			01/01/1988	01/01/1990
NEW YORK HOSPITAL MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		***	NEW YORK	07/01/1985	06/30/1986
NEW YORK MEDICAL CENTER HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		*****	NEW YORK	07/01/1986	06/30/1988
J DEMPSEY UNIVERSITY HOSPITAL	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		***	CONNECTICUT	07/01/1988	06/30/1990

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

Title	Institution	City	State
COURTESY ASSISTANT PROFESSOR OF MEDICINE	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
	IC - INTERVENTIONAL CARDIOLOGY	
	IM - CARDIOVASCULAR DISEASE	
	IM - INTERNAL MEDICINE	
	NM - NUCLEAR MEDICINE	

## 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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

#### 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:

AMERICAN COLLEGE OF CARDIOLOGY  
AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY  
MEDICAL ASSOCIATION OF LATIN AMERICA  
SOCIETY OF CARDIAC ANGIOGRAPHY AND INTERVENTION  
THE INTERNATIONAL ANDREAS GRUENTZIG SOCIETY (IAGS)  
THE INTERNATIONAL SOCIETY OF CARDOVASCULAR INTERVENTIONIST

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

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

Title	Publication	Date
MAGNETIC RESONANCE IMAGING CMR OF HYPERTROPHIC CARDIOMYOPA	CIRCULATION 70	01/01/1984
NORMAL CARDIAC DIMENSIONS BY MAGNETIC RESONANCE IMAGING	CIRCULATION 70	01/01/1984
CORRELATION OF SCINTIGRAPHIC PHASE MAPS WITH INTRAOPERATIV	CIRCULATION 70	01/01/1984
LEFT VENTRICULAR MECHANICS IN DISTANCE RUNNERS	CIRCULATION 70	01/01/1984
MITRAL REGURGITATION QUANTITATION BY DOPPLER ECHOCARDOGRAP	CIRCULATION 70	01/01/1985
THE CLINICAL IMPACT OF PERFUSION SCINTIGRAPHY WITH DIPYRID	CIRCULATION 71	01/01/1985
DETECTION AND CHARACTERIZATION OF ACUTE MYOCARDIAL INFARCT	CIRCULATION 71	01/01/1985
THE INTERACTION OF SUPPLEMENTARY SCINTIGRAPHIC ISCHEMIC IN	CIRCULATION	01/01/1988
THE PHASE CHARACTERIZATION OF VENTRICULAR PRE EXCITATION V	J AM COLL CARDIOL	01/01/1990
MULTIPLE ARTERY ANEURYSMS IN AN ADULT ASSOCIATED IWTH EXTE	CATH CARDOVASC DIAGN	01/01/1991

### Professional Web Page

WWW.MIMA.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.

PORTUGUESE  
ITALIAN  
SPANISH

### Other Affiliations

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

Affiliation
-------------

## Affiliation

AMERICAN MEDICAL ASSOCIATION

SOCIETY OF CARDIOLOGY

STAFF PRV/CO-DIRECTOR PHERIPHERAL ANGIOPLASTY, HRMC