## JOSEPH LOUIS ESPOSITO

## License Number: ME68365

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1995
License Expiration 01/31/2027

Date

## General Information

## **Primary Practice Address**

JOSEPH LOUIS ESPOSITO 8501 SW 124TH AVENUE SUITE 112 MIAMI, FL 33183

### 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
MERCY HOSPITAL INC.	MIAMI	FLORIDA
DOCTORS HOSPITAL	MIAMI	FLORIDA
WEST KENDALL BAPTIST HOSPITAL	MIAMI	FLORIDA

### **Email Address**

Not Provided

### **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	1/1/1985 - 1/1/1989	01/01/1989

### **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
UNIVERSITY OF MIAMI JACKSON MEMORIAL HOSPITAL	RESIDENCY	GS - SURGERY		MIAM	I FLORIDA	07/01/1989	06/30/1991
UNIVERSITY OF MIAMI JACKSON MEMORIAL HOSPITAL	RESIDENCY	′U- UROLOGY		MIAM	I FLORIDA	07/01/1991	06/30/1995

## **Academic Appointments**

### **Graduate Medical Education**

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

## **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 UROLOGY	U - UROLOGY	

## Financial Responsibility

### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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 not indicated any committees on which they serve for any health entity with which they are affiliated.

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
JOHN FRANCIS LATIMER PRIZE 1985	GEORGE WASHINGTON UNIVERSITY
OUTSTANDING ACADEMIC ACHIEVEMENT CITATION 1985	GEORGE WASHINGTON UNIVERSITY
PHI BETA KAPPA 1984	GEORGE WASHINGTON UNIVERSITY
ALPHA EPSILON DELTA, THE PRE-MED HONOR SOCIETY 1983-85	GEORGE WASHINGTON UNIVERSITY
LATIN NATIONAL HONOR SOCIETY 1983-85	GEORGE WASHINGTON UNIVERSITY

### **Publications**

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

Title	Publication	Date
ILEOCOLONIC NEOBLADDER IN FEMALE PATIENTS	PRESENTED AT AMERICAN UROLOGICAL ASSOCIATION 88TH ANNUAL M	01/01/1993
EXPERIENCE WITH PREDEPOSIT AUTOLOGOUS BLOOD TRANSFUSION AN	SOUTHEASTERN SECTION AMERICAN UROLOGICAL ASSOCIATION	01/01/1993

Title	Publication	Date
ILEOCOLONIC NEOBLADDER IN FEMALE PATIENTS	SOUTHEASTERN SECTION AMERICAN UROLOGICAL ASSOCIATION	01/01/1994
UNDIVERSION OF THE SEVERELY DILATED URETER: THE ROLE OF A	SOUTHEASTERN SECTION AND ANNUAL MEETING, AMER UROLOGICAL A	01/01/1995

## **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 MEDICAL ASSOCIATION