



EDWARD JAY HARSHMAN

License Number: ME82020

Profession Medical Doctor
License Status Retired/
Year Began Practicing 01/01/1986
License Expiration 01/31/2025
Date

General Information

Primary Practice Address

EDWARD JAY HARSHMAN
400 EAST BAY ST STE 1807
JACKSONVILLE, FL 32202

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

Email Address

Please contact at: edward@harshman.name

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICAL DOCTOR
TENNESSEE	EXPIRED MEDICAL DOCTOR
NEW JERSEY	EXPIRED MEDICAL DOCTOR
MAINE	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 not submitted payment or is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW JERSEY MEDICAL SCHOOL	MD		05/22/1985

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
CITY UNIVERSITY NEW YORK/MOUNT SINAI SCHOOL OF MEDICINE	NEW YORK	08/01/1988	05/01/1989	MBA ADMINISTRATION & MANAGEMENT OF HEALTH

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
ST. BARNABAS MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		LIVINGSTON	NEW JERSEY	07/01/1985	06/30/1986
SISKIN HOSPITAL	RESIDENCY	PM - PHYSICAL MEDICINE AND REHABILITATIO		CHATTANOOGA	TENNESSEE	07/01/1997	06/30/2000

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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.

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:

AAPS

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
COMMUNITY SERVICE	ST PETER'S HEALING HANDS CLINIC
COMMUNITY SERVICE	FARMERS SELF-HELP GROUP DADE CITY
COMMUNITY SERVICE	SENIOR FRIENDSHIP HEALTH CLINIC (NAPLES)

Publications

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

Title	Publication	Date
AUTISM--A COGNITIVE OR A BEHAVIORAL DISORDER	MEDICAL SENTINEL	01/01/2002
CHARGE PROFILES RBRVS DATA, AND PRE-ESTIMATES: A LESSON...	BENEFITS QUARTERLY	01/01/1994

Title	Publication	Date
THE MICROCOMPUTER AS A COST-SAVING AIR TO MEDICAL CLAIMS..	EMPLOYEE BENEFITS DIGEST	06/01/1992
GRANTEE OF PATENT 6217484, DEVICE FOR PEOPLE WITH HIP FRAC	PEER-REVIEW	
BIAS IN WOMEN'S RIGHTS MOVEMENT	J AMERICAN PHYSICIANS AND SURGEONS VOL 22 NO 3	09/01/2017

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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