



FRANCISCO JAVIER JIMENEZ-CARCAMO

License Number: ME82470

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

FRANCISCO JAVIER JIMENEZ-CARCAMO
6200 SUNSET DRIVE, SUITE 401
SOUTH MIAMI, FL 33143

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
JACKSON MEMORIAL HOSPITAL		FLORIDA
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS		FLORIDA
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA
MERCY HOSPITAL INC.	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	SOUTH MIAMI	FLORIDA
BAPTIST HOSPITAL OF MIAMI	MIAMI	FLORIDA
DOCTORS HOSPITAL	CORAL GABLES	FLORIDA

Email Address

Please contact at: myrlines@mycardiologist.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MA, OH, RI	

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
UNIVERSIDAD DE ALCALA DE HENAR	MD	9/1/1985 - 7/23/1991	07/23/1991

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
UNIVERSIDAD DE ALCALA DE HENARES	ALCALA DE HENARES	SPAIN	07/01/1991	02/04/2004	PH.D. MEDICINE

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
RHODE ISLAND HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		PROVIDENCE	RHODE ISLAND	07/01/1993	06/30/1994
RHODE ISLAND HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		PROVIDENCE	RHODE ISLAND	07/01/1994	06/30/1996
RHODE ISLAND HOSPITAL	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		PROVIDENCE	RHODE ISLAND	07/01/1996	06/30/1999
CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	OTHER	HEART FAILURE TRANSPLANTATION	CLEVELAND	OHIO	07/01/2000	06/30/2001
RHODE ISLAND HOSPITAL	FELLOWSHIP	IC - INTERVENTIONAL CARDIOLOGY		PROVIDENCE	RHODE ISLAND	07/01/2000	06/30/2001

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
INSTRUCTOR IN MEDICINE	BROWN UNIVERSITY PROGRAM OF MEDICINE		
ASSISTANT PROFESSOR IN MEDICINE	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	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 - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IC - INTERVENTIONAL CARDIOLOGY	

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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
08/23/2018	DADE	111703098	06/14/2023	\$150,000.00	\$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
AMERICAN COLLEGE OF CARDIOLOGY
AMERICAN HEART ASSOCIATION
INTERNATIONAL SOCIETY OF HEART AND LUNG TRANSPLANTATION
AMERICAN TRANSPLANT ASSOCIATION
SPANISH SOCIETY OF CARDIOLOGY
SOCIETY OF CARDIAC ANGIOGRAPHY AND INTERVENTION

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
IMPLICATIONS OF LEFT VENTRICULAR DYSFUNCTION EARLY AFTER..	AMERICAN JOURNAL OF TRANSPLANTATION	01/01/2001
RISK FACTORS AND OUTCOME IN PATIENTS WITH HEMODYNAMICALLY.	JOURNAL OF HEART AND LUNG TRANSPLANTATION	
VARIABILITY AMONG INVESTIGATOR SITES WITHIN THE DYNAMIC...	JACC	01/01/2000
CELLULAR REJECTION AND RATE OF PROGRESSION OF TRANSPLANT..	THE JOURNAL OF HEART AND LUNG TRANSPLANTATION	01/01/2000
PRE-TRANSPLANT HLA ANTIBODY FLOW CYTOMETRY CORRELATION ...	TRANSPLANTATION	01/01/2000
CELLULAR REJECTION AND RATE OF PROGRESSION OF TRANSPLANT..	JACC	01/01/2000
UTILIDAD DEL ANTICUERPO MONOCLONAL Z2D3 MARCADO CON INDIO	REVISTA ESPANOLA DE CARDIOLOGIA	01/01/1999
NON-INVASIVE DETECTING OF TRANSPLANT VASCULOPATHY USING...	JACC	02/02/2000
ADHERENCE TO PUBLISHED AHA/ACC GUIDELINES FOR PREOPERATIVE	JACC	01/01/1998

Professional Web Page

www.smiamiheart.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.

SPANISH
PORTUGUESE
FRENCH
GERMAN
ITALIAN

Other Affiliations

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

