



DAVID ALAN LICKSTEIN MD

License Number: ME84765

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1993
License Expiration Date	01/31/2026

General Information

Primary Practice Address

DAVID ALAN LICKSTEIN MD
5540 PGA BOULEVARD
SUITE 200
PALM BEACH GARDENS, FL 33418

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
JUPITER MEDICAL CENTER		
PALM BEACH GARDENS MEDICAL CENTER		
GOOD SAMARITAN HOSPITAL		

Email Address

Please contact at: dlickstein@licksteinplasticsurgery.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
	MD
	TEMPORARY CERTIFICATE

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
NORTHWESTERN UNIVERSITY	MD		06/04/1993

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
NORTHWESTERN UNIVERSITY MCGAW MEDICAL CENTER	INTERNSHIP	GS - SURGERY		CHICAGO	ILLINOIS	07/01/1993	06/30/1994
TUFTS UNIVERSITY-NEW ENGLAND MEDICAL CENTER	RESIDENCY	GS - SURGERY		BOSTON	MASSACHUSETTS	07/01/1994	06/30/1999
ALBANY MEDICAL CENTER	RESIDENCY	PS - PLASTIC SURGERY		ALBANY	NEW YORK	07/01/1999	06/30/2001
THE MASSACHUSETTS GENERAL HOSPITAL	RESIDENCY	PS - HAND SURGERY		BOSTON	MASSACHUSETTS	07/01/2001	06/30/2002

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 PLASTIC SURGERY	PS - PLASTIC SURGERY	

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
05/16/2014	PALM BEACH	50-2016-CA-0011	03/13/2017	\$250,000.00	\$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
SURGICAL PEER REVIEW JUPITER MEDICAL CENTER
OPERATING ROOM GOVERNANCE COMMITTEE

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BEST IN PALM BEACH GARDENS 2008 2009 2010 2011 2012 2013	PALM BEACH GARDENS
FOSHAY CANCER CENTER APPRECIATION	JUPITER MEDICAL CENTER
TOP DOCTOR	CASTLE CONNOLLY

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

www.licksteinplasticsurgery.com

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.
