Florida HEALTH Department of Health

KINGSLEY RICHARD CHIN MD

License Number: ME90952

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1996
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

KINGSLEY RICHARD CHIN MD
6550 N. FEDERAL HIGHWAY
STE 510
FORT LAUDERDALE, FL 33308

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
AMBULATORY SURGERY CENTER	BOCA RATON	FLORIDA

Email Address

Please contact at: **KINGSLEYCHIN@LESCLINIC.COM**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MD

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
HARVARD MEDICAL SCHOOL	MD	9/1/1992 - 6/1/1996	06/06/1996

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
COLUMBIA COLLEGE	NEW YORK	NEW YORK	09/01/1984	09/01/1987	BACHELOR OF ARTS
COLUMBIA ENGINEERING	NEW YORK	UNITED STATES	09/01/1987	06/01/1989	BS - BACHELOR OF SCIENCE

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
BETH ISRAEL DEACOM. MEDICAL CENTER	INTERNSHIP	GS - SURGERY		BOSTON	MASSACHUSETTS	07/01/1996	06/30/1997
MASSACHUESETTS GENERAL HOSPITAL	RESIDENCY	ORTHOPEDICS		BOSTON	MASSACHUSETTS	07/01/1997	06/30/2001
WEST ROXBURY VETERANS ADMN HOSPITAL	INTERNSHIP	ORS - ORTHOPAEDIC SURGERY	ADULT RECONSTRUCTIVE SURGERY	WEST ROXBURY	MASSACHUSETTS	07/01/2001	06/30/2002
CASE WESTERN RESERVE UNIVERSITY	FELLOWSHIP	ORS - ORTHOPAEDIC SURGERY	SPINE SURGERY	CLEVELAND	OHIO	07/01/2002	06/30/2003

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

Title	Institution	City	State
PROFESSOR	FLORIDA INTERNATIONAL UNIV. COLLEGE OF MEDICINE	BOCA RATON	FLORIDA
PROFESSOR	FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY OF THE SPINE	

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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	01/09/2025	OBLIGATION(S) SATISFIED	NO
FLORIDA DEPARTMENT OF HEALTH	07/19/2024	OBLIGATION(S) SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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:

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

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.

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
06/08/2015	DADE	18-013855-CA-01	12/28/2022	$250,000.00	$250,000.00
08/28/2019	BROWARD		02/16/2023	$250,000.00	$750,000.00
10/18/2016	ORANGE	CACE-19-025333	05/07/2025	$250,000.00	$250,000.00
10/17/2017	BROWARD	CACE-21-005581	03/16/2026	$250,000.00	$250,000.00

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 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
THE MANUBRIUM AS AN EXTERNAL GUIDE FOR CENTRALIZING ANTERIOR	SPINE 2010 FEB VOL 35 7	02/01/2010
LAG SCREW FIXATION OF REMOTE BILATERAL PEDICLE FRACTURES OF	SPINE J	02/10/2010

Professional Web Page

http://less-institute.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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN MEDICAL ASSOCIATION
CONSULTANT REVIEWER FOR CORR JOURNAL
EDITORIAL BOARD AMERICAN JOURNAL OF ORTHOPAEDICS
LESS EXPOSURE SURGERY SOCIETY
NATIONAL MEDICAL ASSOCIATION
NORTH AMERICAN SPINE SOCIETY
REVIEWER FOR THE SPINE JOURNAL