



## ALEXANDER GENADEVICH LEVIN

License Number: ME88879

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1982
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

ALEXANDER GENADEVICH LEVIN  
16051 COLLINS AVENUE  
#2904  
SUNNY ISLES BEACH, FL 33160

### 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
MOUNT SINAI MEDICAL CENTER	MIAMI	FLORIDA

### Email Address

Please contact at: [alexl@paincontrolcenterfl.com](mailto:alexl@paincontrolcenterfl.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	MD
NEW YORK	MD
MINNESOTA	MD
PENNSYLVANIA	MD
OHIO	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
UNIVERSITY OF MINSK	MD	1/1/1971 - 6/1/1977	06/25/1977

## 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
MAYO CLINIC	RESIDENCY	OTO - OTOLARYNGOLOGY		ROCHESTER	MINNESOTA	07/01/1982	06/01/1983
NEW YORK UNIVESITY SCHOOL OF MED	RESIDENCY	GS - SURGERY		NEW YORK	NEW YORK	07/01/1983	06/01/1985
NEW YORK MEDICAL COLLEGE	FELLOWSHIP	AN - ANESTHESIOLOGY		VALHALLA	NEW YORK	12/01/1985	06/01/1988
UNIVERSITY OF CINCINNATI	FELLOWSHIP	AN - PAIN MANAGEMENT		CINCINNATI	OHIO	07/01/1988	12/31/1988

## Academic Appointments

### Graduate Medical Education

This practitioner has 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
ASSOCIATE PROFESSOR OF MEDICINE	UNIVERSITY OF MIAMI MILLER SCHOOL	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 ANESTHESIOLOGY	AN - PAIN MANAGEMENT	04/27/1990
AMERICAN BOARD OF PAIN MEDICINE	AN - PAIN MANAGEMENT	

## 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 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
AWARD FOR DISTINGUISHED CLINICAL SERVICE IN PATIENT CARE	ROBERT WOOD JOHNSON MEDICAL SCHOOL
EXCELLENCE IN PATIENTS CARE	ROBERT WOOD JOHNSON MEDICAL SCHOOL
TOP DOCTOR NEW METRO AREA AWARD 1996-2010	CASLE CONNOLLY
PATIENT CHOICE AWARD 2010	NOT PROVIDED

### Publications

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

Title	Publication	Date
MULTIPLE SCIENTIFIC PUBLICATIONS	NATIONAL AND INTERNATIONAL MEDICAL JOURNALS SINCE 1987	05/11/2010

### Professional Web Page

WWW.UMCMIAMI.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.

RUSSIAN

SPANISH

UKRAINIAN

POLISH

### Other Affiliations

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