## JONATHAN ROBERT GOTTLIEB

## License Number: ME91517

ProfessionMedical DoctorLicense StatusCLEAR/ActiveYear Began Practicing07/01/2002License Expiration01/31/2027DateDate

## **General Information**

## **Primary Practice Address**

JONATHAN ROBERT GOTTLIEB 475 BILTMORE WAY SUITE 101 CORAL GABLES, FL 33134

## 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
MERCY HOSPITAL INC.	MIAMI	FLORIDA
FISHERMEN'S HOSPITAL	KEY WEST	FLORIDA
JACKSON SOUTH COMMUNITY HOSPITAL	MIAMI	FLORIDA
BAPTIST HOSPITAL OF MIAMI	MIAMI	FLORIDA

## **Email Address**

Please contact at: nicoleg@miamiorthospine.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL DOCTOR
TEXAS	PHYSICIAN LICENSE

## 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF MIAMI	MD	8/1/1998 - 5/1/2002	05/11/2002

## **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	08/01/1994	05/01/1998	BS - PSYCHOLOGY

## **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
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		MIAMI	FLORIDA	07/01/2002	06/30/2007
ORTHOCAROLINA CHARLOTTE SPINE CENTER	FELLOWSHIP	ORS - ORTHOPAEDIC SURGERY OF THE SPINE		CHARLOTTE	NORTH CAROLINA		07/31/2008

## Academic Appointments

## **Graduate Medical Education**

This practitioner has 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**

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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**

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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**

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## **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.

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: North American Spine Society Florida Orthopedic Society & BONES Society Florida Medical Association American Medical Association American Academy of Orthopaedic Surgeons Dade County Medical Association

## **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
COMPARING MECHANICAL PERFORMANCE OF		06/03/2020
CORTICAL TO PEDICLE SCREWS IN HUMAN		
OSTEOPOROTIC LUMBAR VERTEBRAE AFTER CYCLIC		
LOADING		

Title	Publication	Date
VOLATILE HYPERTENSION FOLLOWING ANTERIOR CERVICAL DISCECTOMY AND FUSION	JBJS CASE CONNECT	02/24/2016
PERCUTANEOUS BALLOON CEMENTOPLASTY FOR TREATMENT OF BILATERAL OSTEONECROSIS OF THE HUMERAL HEAD.	MOJ ORTHOPEDICS AND RHEUMATOLOGY 3(3)	01/01/2015
POSTERIOR CERVICAL LAMINOPLASTY IN THE NORTH AMERICAN POPULATION: A MINIMUM OF 2 YEAR FOLLOW UP.	CLINICAL NEUROLOGY AND NEUROSURGERY 138	01/01/2015
FUNGAL INFECTIONS OF THE SPINE	SPINE, VOLUME 40, NUMBER 12. E719-728	01/01/2015
TWO-YEAR RESULTS OF A RANDOMIZED CONTROLLED TRIAL COMPARING PRO-DISC-C AND ANTERIOR CERVICAL DISCECTOMY AND FUSION.	SPINAL ARTHROPLASTY SOCIETY JOURNAL	03/01/2008
NONOPERATIVE TREATMENT OF VERTEBRAL BLASTOMYCOSIS OSTEOMYELITIS ASSOCIATED WITH PARASPINAL ABSCESS AND CORD COMPRESSION. A CASE REPORT.	JOURNAL OF BONE AND JOINT SURGERY (AM)	01/01/2006
SOAP IN ORTHOPAEDICS	BLACKWELL SCIENCE	01/01/2005
REVIEWER, STEP III REVIEW BOOK IN SURGERY, PEDIATRICS IN A PAGE, BLUEPRINTS IN PEDIATRICS, ASKING THE RIGHT QUESTIONS IN THE ER, AND BLUEPRINTS IN MEDICINE	BLACKWELL SCIENCE	01/01/2004
CONTRIBUTING AUTHOR, STEP I REVIEW BOOK	BLACKWELL SCIENCE	01/01/2002
Professional Web Page www.miamiorthospine.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

## **Other Affiliations**

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