



## JOSE ERNESTO BETANCOURT DIAZ

License Number: ME92730

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2002
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

JOSE ERNESTO BETANCOURT DIAZ  
18063 NW 87TH PL  
MIAMI, FL 33018

### 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
INDIAN NATIONAL HEALTH SERVICES	TALIHINA	OKLAHOMA

### Email Address

Please contact at: [drjebetancourt.cardio@gmail.com](mailto:drjebetancourt.cardio@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MISSOURI	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
MAINE	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
WASHINGTON	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR

### 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
HIGHER INSTITUTE OF MED SCIENCES, HAVANA CUBA	MD		08/15/1991
NATIONAL INSTITUTE FOR CARDIOLOGY, HAVANA CUBA			05/30/1995

## 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
MOUNT SINAI SCHOOL OF MEDICINE- JERSEY CITY MEDICAL CENTER	JERSEY CITY	NEW JERSEY	07/01/2002	06/30/2003	DIPLOMA IN INTERNAL MEDICINE (MCPS)
STATE UNIV NEW YORK ST JOHN HOSPITAL	NEW YORK	NEW YORK	07/01/2003	06/30/2005	DIPLOMA IN INTERNAL MEDICINE (MCPS)
CLEVELAND CLINIC F (CARDIOLOGY)	WESTON	FLORIDA	07/01/2014	06/30/2017	DIPLOMA IN INTERNAL MEDICINE (MCPS)
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST LOUIS (EP)	SAINT LOUIS (CARDIAC ELECTROPHYSIOLOGY)	MISSOURI	07/01/2017	06/30/2019	DIPLOMA IN INTERNAL MEDICINE (MCPS)

## 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
MOUNT SINAI SCHOOL OF MEDICINE- JERSEY CITY MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		JERSEY CITY	NEW JERSEY	07/01/2002	06/01/2003
STATE UNIVERSITY NEW YORK- ST JOHN EPISCOPAL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		FAR ROCKAWAY	NEW YORK	07/01/2003	06/30/2005
NATIONAL INSTITUTE OF CARDIOLOGY	FELLOWSHIP	OTHER	CARDIOLOGY	HAVANA	CUBA	09/01/1991	05/30/1995
HIGHER INSTITUTE OF MEDICAL SCIENCES	INTERNSHIP	IM - INTERNAL MEDICINE		HAVANA	CUBA	09/01/1990	08/30/1991

# 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

## 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 - CARDIOVASCULAR DISEASE	

## 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.

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:

American College of Physician: Member 2003, Fellow 2013

American Medical Association: Member 2003

American College of Cardiology: Member 2014

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
GRADUATED SUMMA CUM LAUDE (GOLD MEDAL) MEDICAL SCHOOL 1991	INSTITUTE OF MEDICAL SCIENCES HAVANA CUBA

### Publications

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

Title	Publication	Date
CHAPTER 29. SYNCOPE.	THE WASHINGTON MANUAL CARDIOLOGY SUBSPECIALTY CONSULT. 4TH ED. PHILADELPHIA: WOLTERS KLUWER; 2022	11/01/2022

### Professional Web Page

This practitioner has not provided any professional web page information.

### 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.