## MARCELLE L ABELL-ROSEN

## License Number: ME93681

ProfessionMedical DoctorLicense StatusCLEAR/ActiveYear Began Practicing07/01/2001License Expiration01/31/2027DateDate

## **General Information**

## **Primary Practice Address**

MARCELLE L ABELL-ROSEN 1330 SE 4TH AVENUE, SUITE H SUITE H FT LAUDERDALE, FL 33316

## 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
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA

## **Email Address**

Please contact at: mabellrosen@smdmd.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MD
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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
ALBERT EINSTEIN COLLEGE OF MD	MD	8/1/1996 - 6/1/2001	06/01/2001

## **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
DUKE UNIVERSITY		09/01/1981	05/01/1985	BS - BACHELOR OF SCIENCE

## **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type Specialty Are	Other Specialty Area	Citv	State or Country	Dates Attended From	Dates Attended To
Harrio	Type openany and	/ / ///04	Only	Country	110111	
MT.SINAI	RESIDENCY IM - INTERNAL		NEW	NEW YORK	07/01/2001	07/01/2004
HOSPITAL	MEDICINE		YORK			

## Academic Appointments

## **Graduate Medical Education**

The practitioner did not provide this mandatory information.

## **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 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 - INTERNAL MEDICINE	02/03/2015

## **Financial Responsibility**

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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**

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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.

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: CADUCEAN SOCIETY OF GREATER FORT LAUDERDALE - VICE PRESIDENT BOARD OF DIRECTORS-HANDY

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
HONORABLE MENTION FOR BEST POSTER	MT.SINAI HOSPITAL NEW YORK

## 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**

MDVIP.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. FRENCH

### **Other Affiliations**

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