### LON MICHAEL SADOWSKY

# License Number: OS10114

Profession Osteopathic Physician

License Status CLEAR/Active
Year Began Practicing 06/08/2007
License Expiration 03/31/2026

Date

# General Information

# **Primary Practice Address**

LON MICHAEL SADOWSKY 5210 LINTON BLVD SUITE 105 DELRAY BEACH, FL 33484

#### 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
BOCA RATON COMMUNITY HOSPITAL	BOCA RATON	FLORIDA
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
BETHESDA MEMORIAL HOSPITAL	BOYNTON BEACH	FLORIDA

### **Email Address**

Not Provided

### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# 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
NOVA SOUTHEASTERN UNIVERSITY	DO		

# **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
UNIVERSITY OF S. FLORIDA	TAMPA	FLORIDA	08/01/1993	05/01/1998	BS BIOLOGY

# **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
WESTCHESTER GENERAL HOSPITAL	INTERNSHIP	OIR - OSTEOPATHIC INTERNSHIP/RESIDENCY	AOA APPROVED INTERNSHIP	MIAMI	FLORIDA	07/01/2002	06/30/2003
ALBERT EINSTEIN MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/2003	06/30/2006
ALBERT EINSTEIN MEDICAL CENTER	FELLOWSHIP	IM - NEPHROLOGY		PHILADELPHIA	PENNSYLVANIA	. 07/01/2006	06/30/2008

# **Academic Appointments**

# **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

# **Academic Appointments**

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

Title	Institution	City	State
CLINICAL AFFILIATE PROFESSOR OF MEDICINE	FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	FLORIDA

# **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	11/22/2006
AMERICAN BOARD OF INTERNAL MEDICINE	IM - NEPHROLOGY	

# Financial Responsibility

### **Financial Responsibility**

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

# **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:
American Society of Nephrology
DELRAY MEDICAL CENTER PEER REVIEW COMMITTEE

Delray Medical Center- Chairman Dept of Medicine Delray Medical Center - Executive Committee

# **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
CHIEF FELLOW-ALBERT EINSTIEN MEDICAL CENTER	DIVISION OF NEPHROLOGY
CHAIRMAN- DEPART OF MEDICINE	DELRAY MEDICAL CENTER

#### **Publications**

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

Title	Publication	Date
EVAL HYPERVOL PERIT DIALYSIS PTS USING BIOIMPEDANCE AND BNP	PERITONEAL DIALYSIS INTERNATIONAL	01/01/2005
THE USE OF BUMETANIDE DRIP AFTER CADAVERIC KIDNEY TRANSPLANT	NATIONAL KIDNEY FOUNDATION ANNUAL MTG- POSTER	04/16/2007
RELATIONSHIP FERRITIN AND TRANSFERRIN SAT WITH EPO DOSE ESRD	WORLD CONGRESS OF NEPHROLOGY-INT SOCIETY NEPH- MTG- POSTER	04/20/2007
EFFECT OF ACTIVATED VIT D ON HS-CRP IN MAINTENANCE HEMODIAL	OURNAL AMERICAN SOCIETY OF NEPHROLOGY	10/01/2007
HS-CRP AS A DETERMINANT OF ERYTHROPOIESIS- STIM AGENT RESPON	JOURNAL AMERICAN SOCIETY OF NEPHROLOGY	10/03/2007
HYPERFERRITINEMIA IMPROVED ESA RESPONSE IN HEMODIALYSIS	BLOOD PURIFICATION	01/05/2008
VARYING INFL OF AGE ON EPO RESPONSE HD PTS AND DIABETIC STAT	HEMODIALYSIS INTERNATIONAL	01/25/2008
EFFECT GLYCEMIC CONTROL ON ESA REQUIREMENTS IN DIABETIC PTS	AMERICAN JOURNAL KIDNEY DISEASE	04/15/2008

# **Professional Web Page**

This practitioner has not provided any professional web page information.

# **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

NATIONAL KIDNEY FOUNDATION