



JOSE ALBERTO NAVARRO MD

License Number: ME98794

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	06/03/2003
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

JOSE ALBERTO NAVARRO MD
4700 N CONGRESS AVE
SUITE 103
WEST PALM BEACH, FL 33407

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
JFK MEDICAL CENTER	ATLANTIS	FLORIDA
GOOD SAMARITAN HOSPITAL	WEST PALM BEACH	FLORIDA
COLUMBIA JFK MEDICAL CENTER	WEST PALM BEACH	FLORIDA
ST. MARYS MEDICAL CENTER	WEST PALM BEACH	FLORIDA
	JUPITER	FLORIDA
WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FLORIDA
PALMS WEST HOSPITAL	LOXAHATCHEE	FLORIDA
SELECT SPECIALTY HOSPITAL	WEST PALM BEACH	FLORIDA
BETHESDA MEMORIAL HOSPITAL	BOYNTON BEACH	FLORIDA

Email Address

Please contact at: candy@plasticsurgerypb.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICINE

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
UT SOUTHWESTERN MED CTR	MD	8/1/1990 - 6/1/1995	06/01/1995

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
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL	DALLAS	TEXAS	08/01/1990	06/30/1995	M.D. MEDICAL DOCTOR

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
STATE UNIV OF NY	RESIDENCY	GS - SURGERY		BROOKLYN	NEW YORK	07/01/1995	06/30/2001
ALBERT EINSTEIN	FELLOWSHIP	OTHER	MICROSURGERY	BRONX	NEW YORK	07/01/2001	06/30/2003
NASSAU UNIV MED CTR	RESIDENCY	PS - PLASTIC SURGERY		EAST MEADOW	NEW YORK	07/01/2003	06/30/2005
UNIV OF TX SW MED CTR	FELLOWSHIP	OTHER	LASER & PEDIATRIC VASCULAR ANAMALIES	DALLAS	TEXAS	10/01/2005	06/30/2007

Academic Appointments

Graduate Medical Education

This practitioner has not 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
AFFILIATED ASSISTANT PROFESSOR OF SURGERY AT JFK MEDICAL CEN	UNIVERSITY OF MIAMI MILLER SCHOOL	ATLANTIS	FLORIDA
CLINICAL ASSISTANT PROFESSOR	UNIVERSITY OF VERMONT SCHOOL OF MEDICINE	WEST PALM BEACH	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 PLASTIC SURGERY	PS - PLASTIC SURGERY	

Financial Responsibility

Financial Responsibility

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

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 an affiliation with the following committees:

AMERICAN MEDICAL ASSOCIATION

AMERICAN SOCIETY OF PLASTIC SURGEON

FLORIDA SOCIETY OF PLASTIC SURGEONS
PALM BEACH COUNTY MEDICAL SOCIETY
PALM BEACH COUNTY SOCIETY OF PLASTIC SURGEONS
AMERICAN SOCIETY FOR LASER MEDICINE AND SURGERY
AMERICAN COLLEGE OF SURGEONS

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
ROLE OF LASER THERAPY IN PEDIATRIC PATIENTS	PLASTIC AND RECONSTRUCTIVE SURGERY JOURNAL	07/15/2009

Professional Web Page

WWW.PLASTICSURGERYPB.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.