



## MICHAEL E NATHANSON

License Number: CH1974

Profession	Chiropractic Physician
License Status	Deceased/
Year Began Practicing	01/01/1972
License Expiration	03/31/2022
Date	

## General Information

### Primary Practice Address

MICHAEL E NATHANSON  
145 EXECUTIVE CENTER DRIVE  
APT 608  
WEST PALM BEACH, FL 33401

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

### Email Address

Please contact at: [nathansonchiro@bellsouth.net](mailto:nathansonchiro@bellsouth.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	DC

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
PALMER COLLEGE OF CHIROPRACTIC	DC	1/1/1968 - 3/1/1972	03/01/1972

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	State or City Country	Dates Attended From	Dates Attended To
INTERNATIONAL CHIROPRACTIC ASSOCIATION	FELLOWSHIP	OTHER	THERMOGRAPHY	FLORIDA	09/06/1989	12/31/1991
INTERNATIONAL CHIROPRACTIC ASSOCIATION	FELLOWSHIP	DIAGNOSTIC IMAGING		FLORIDA	09/06/1989	12/31/1991

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

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
INTERNATIONAL CHIROPRACTIC ASSOCIATION	DIAGNOSTIC IMAGING	

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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.

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 \$5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

**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:

CHIROPRACTIC COUNCIL ON EDU/CLINICAL COMPETENCY COMMITTEE  
PAST CHAIRMAN/INTERN'L CHIROPRACTORS ASSOC LEGIS COMMITTEE  
PAST CHAIRMAN ADVISORY BOARD/LIFE CHIROPRACTIC COLLEGE  
PAST CHAIRMAN/PALM BEACH COUNTY CHIROPRACTIC SOCIETY

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
MEMBER	DELTA SIGMA CHI FRATERNITY (HONORARY)
CERTIFICATE OF APPRECIATION	LION'S CLUB
CERTIFICATE OF COMMENDATION	KIWANIS AND JR WOMEN'S CLUB
DISTINGUISHED SERVICE AWARD	UNITED STATES JAYCEES

### 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

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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN CHIROPRACTIC THERMOGRAPHIC SOCIETY
FLORIDA ACADEMY OF CHIROPRACTIC
FLORIDA CHIROPRACTIC ASSOCIATION
FLORIDA CHIROPRACTIC SOCIETY