



BENJAMIN BEFELER M.D.

License Number: ME14905

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1969
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

BENJAMIN BEFELER M.D.
4720 PINE TREE DRIVE # 23
MIAMI BEACH, FL 33140

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
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS	MIAMI	FLORIDA

Email Address

Please contact at: bbefeler@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIV. NACIONAL AUTONOMA DE MEX	MD		
UNIVERSITY OF MIAMI	MBA		01/01/1993

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 MIAMI	MIAMI	FLORIDA	01/01/0001	01/01/1993	

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
MT SINAI MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		***	OHIO	01/01/1964	12/31/1964
MT SINAI MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		***	OHIO	01/01/1965	12/31/1965
VETERAN AFFAIRS MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		***	OHIO	01/01/1966	06/30/1968
MOFFIT HOSPITAL UNIVERSITY O	FELLOWSHIP	OTHER		***	CALIFORNIA	07/01/1968	06/30/1969

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

Title	Institution	City	State
ASSOCIATE CLINICAL PROFESSOR OF MEDICINE AND RADIOLOGY	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	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 INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

Financial Responsibility

Financial Responsibility

Financial Exemption

Proceedings and Actions

Proceedings & 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 HEART ASSOCIATION
- AMERICAN MEDICAL ASSOCIATION

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CHAIRMAN	EXECUTIVE COMMITTEE MEDICAL STAFF
CHIEF OF STAFF	CEDAR MEDICAL CENTER
MEMBER	CEDAR MEDICAL CENTER BOARD OF DIRECTORS
VOLUNTEER	TALMUDIC UNIVERSITY OF FLORIDA

Publications

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

Title	Publication	Date
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

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

HEBREW

Other Affiliations

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

Affiliation
AMERICAN HEART ASSOCIATION
FELLOW AMERICAN COLLEGE OF ANGIOLOGY
FELLOW AMERICAN COLLEGE OF CARDIOLOGY
FELLOW AMERICAN COLLEGE OF CHEST PHYSICIANS
FELLOW AMERICAN COLLEGE OF PHYSICIANS