### JOSE EDGARDO VALERIO MD

#### License Number: ME108682

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 03/01/1995
License Expiration Date 01/31/2027

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## General Information

## **Primary Practice Address**

JOSE EDGARDO VALERIO MD MIAMI NEUROSCIENCE CENTER 6129 SW 70TH ST. SOUTH MIAMI, FL 33143

#### **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
PALMETTO GENERAL HOSPITAL	HIALEAH	FLORIDA
LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI	FLORIDA

#### **Email Address**

Please contact at: jevalerio@jvaleriomd.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	MEDICAL

## 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
UNIV. AUTONOMA DE GUADALAJARA	MD	1/1/1989 - 2/1/1995	02/01/1995

### **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	City	State or Country	Dates Attended From	Dates Attended To
CLEVELAND CLINIC	FELLOWSHIP	NEUROSURGERY	ONCOLOGY	CLEVELAND	OHIO	01/01/2007	07/01/2010
CENTRO MEDICO NACIONAL SIGLO XXI	RESIDENCY	NEUROSURGERY		MEXICO CITY	MEXICO	03/01/1995	02/28/2001
HOSPITAL LA RAZA AND CMN SIGLO XXI	FELLOWSHIP	NEUROSURGERY	SKULL BASE AND SPINE SURGERY	MEXICO CITY	MEXICO	03/01/1999	02/28/2001
CLEVELAND CLINIC	FELLOWSHIP	NEUROSURGERY	SPINE SURGERY	CLEVELAND	UNITED STATES		12/31/2010
UNIVERSITY HOSPITAL OF CLEVELAND	FELLOWSHIP	NEUROSURGERY	STROKE AND CEREBROVASCULAR AND FISIOLOGY RESEARCH	CLEVELAND	UNITED STATES		12/31/2005
CLEVELAND CLINIC	FELLOWSHIP	NEUROSURGERY	ONCOLOGY RESEARCH	CLEVELAND	OHIO	02/01/2006	12/31/2006

## **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 INSTRUCTOR	NOVA SOUTHEASTERN UNIVERSITY	MIAMI	FLORIDA

## **Specialty Certification**

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This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# Financial Responsibility

## **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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.

#### **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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
12/28/2022			12/28/2022	\$250,000.00	\$0.00

## **Optional Information**

#### **Committees/Memberships**

This practitioner has an affiliation with the following committees:

AANS

CONGRESS OF NEUROLOGICAL SURGERY

MEXICAN NEUROLOGICAL SURGERY SOCIETY

FEDERATION OF LATINO AMERICAN NEUROSURGEONS

PRESIDENT OF THE YOUNG NEUROSURGEONS OF LATINOAMERICA FLANC

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
AMERICAN BRAIN TUMOR ASSOCIATION YOUNG INVESTIGATOR AWARD	TUMOR SECTION AANS AND CNS
MUSELLA FOUNSDATION GRANT AWARD	MUSELLA FOUNDATION
COORDINATOR OF CENTRAL AMERICA EXECUTIVE COMMITTEE	TUMOR SECTION AANS AND CNS

### **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**

www.miamineurosciencecenter.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** 

**GERMAN** 

#### **Other Affiliations**

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