Florida HEALTH Department of Health

ARTHUR E DESROSIERS

License Number: ME110935

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2003
License Expiration Date	01/31/2028

General Information

Primary Practice Address

ARTHUR E DESROSIERS
6705 SW 57TH AVE
SUITE 516
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
AMBULATORY SURGERY CENTER	MIAMI	FLORIDA
LARKIN COMMUNITY HOSPITAL	MIAMI	FLORIDA
BAPTIST HOSPITAL OF MIAMI	MIAMI	FLORIDA
WEST KENDALL BAPTIST HOSPITAL	MIAMI	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
JACKSON NORTH MEDICAL CENTER	MIAMI	FLORIDA
JACKSON SOUTH COMMUNITY HOSPITAL	MIAMI	FLORIDA
PALMS WEST HOSPITAL	MIAMI	FLORIDA
KENDALL REGIONAL MEDICAL CENTER	MIAMI	FLORIDA

Email Address

Please contact at: **concierge@arthurmd.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL
FLORIDA	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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
COLUMBIA UNIVERSITY CENTRAL OFFICE	MD	9/1/1999 - 5/1/2003	05/01/2003

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
DARTMOUTH COLLEGE	HANOVER	NEW HAMPSHIRE	09/01/1995	06/01/1999	BACHELOR OF ARTS

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
LAC + USC	RESIDENCY	GS - SURGERY		LOS ANGELES	CALIFORNIA	07/01/2003	06/30/2005
UMDNJ	RESIDENCY	GS - SURGERY		NEW BRUNSWICK	NEW JERSEY	07/01/2005	06/30/2006
UMDNJ	RESIDENCY	GS - SURGERY		NEW BRUNSWICK	NEW JERSEY	07/01/2007	06/30/2009
JACKSON MEMORIAL HOSPITAL	RESIDENCY	PS - PLASTIC SURGERY		MIAMI	FLORIDA	07/01/2009	06/30/2011
MIAMI CHILDRENS HOSPITAL	FELLOWSHIP	PS - CRANIOFACIAL SURGERY		MIAMI	UNITED STATES	07/01/2011	06/30/2012

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 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
AMERICAN BOARD OF PLASTIC SURGERY	PS - PLASTIC SURGERY	

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

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 not indicated any committees on which they serve for any health entity with which they are affiliated.

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
DESROSIERS AE 3RD	PEDIATRIC NASAL FRACTURES EVALUATION MANAG	07/01/2010
DESROSIERS AE 3RD	FETAL CELLCEPT SYNDROME	10/01/2010
USE OF DERMAL FAT GRAFT FOR AUGMENTATION OF THE LABIA MAJORA	J PLAST RECONSTR AESTHET SURG	07/29/2011

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