Florida HEALTH Department of Health

MEHMET FATIH GOKHAN HEPGUR

License Number: ME119484

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1999
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

MEHMET FATIH GOKHAN HEPGUR
19232 CLOISTER LAKE LN
BOCA RATON, FL 33498

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
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA

Email Address

Please contact at: **hepgur@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TENNESSEE	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
TENNESSEE	MEDICAL DOCTOR

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
ULUDAG UNIVERSITESI	NO DEGREE	9/2/1993 - 7/1/1996	
ISTANBUL UNIVERSITESI, ISTANBUL TIP FAKULTESI	MD	8/16/1996 - 7/27/1999	07/27/1999

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
ISTANBUL UNIVERSITY, ISTANBUL SCHOOL OF MEDICINE	RESIDENCY	ORTHOPEDICS		ISTANBUL	TURKEY	11/11/1999	08/03/2004
AMERICAN SPORTS MEDICINE INSTITUTE	FELLOWSHIP	ORS - FOOT AND ANKLE ORTHOPAEDICS		BIRMINGHAM	UNITED STATES	08/01/2005	07/31/2006
UNIVERSITY OF TOLEDO	FELLOWSHIP	ORS - ORTHOPAEDIC TRAUMA		TOLEDO	OHIO	08/01/2006	07/31/2007
UNIVERSITY OF VIRGINIA HEALTH SYSTEM	FELLOWSHIP	ORS - ADULT RECONSTRUCTIVE ORTHOPAEDICS		CHATLOTTESVILLE	VIRGINIA	08/01/2007	12/01/2007
UNIVERSITY AT BUFFALO, STATE UNIVERSITY OF NEW YORK	RESIDENCY	IFP - INTERNAL MEDICINE/FAMILY PRACTICE		BUFFALO	NEW YORK	06/23/2008	06/28/2011
USC KECK SCHOOL OF MEDICINE	FELLOWSHIP	IM - HEMATOLOGY AND ONCOLOGY		LOS ANGELES	CALIFORNIA	07/01/2011	06/30/2014

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
ASSISSTANT PROFESSOR	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	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 - INTERNAL MEDICINE	08/15/2011
AMERICAN BOARD OF INTERNAL MEDICINE	IM - HEMATOLOGY AND ONCOLOGY	

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 an affiliation with the following committees:
CME Committee, Broward Health Medical Center

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CONQUER CANCER FOUNDATION MERIT AWARD	AMERICAN SOCIETY OF CLINICAL ONCOLOGY
BEST RESEARCH PRESENTATION AWARD	USC KECK SCHOOL OF MEDICINE DIVISION OF MEDICAL ONCOLOGY

Publications

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

Title	Publication	Date
TIVOZANIB IN THE TREATMENT OF RENAL CELL CARCINOMA	BIOLOGICS TARGETS AND THERAPY	06/01/2013
LATE ONSET AHUS DUE TO HETEROZYGOUS MUTATIONS OF CFH CFHR1-3	BLOOD TRANSFUS	11/01/2013
DURABLE COMPLETE REMISSION FROM MCRPC WITH SIPULEUCEL-T	CLIN GENITOURIN CANCER	08/01/2013
MANAGEMENT OF PNEUMATOSIS INTESTINALIS AFTER MARROW TRANSPLA	BONE MARROW TRANSPLANT	06/01/2011
MULTIPARAMETER FLOW CYTOMETRY FOR THE DIAGNOSIS OF PNH	CYTOMETRY B CLIN CYTOM	06/01/2010
SOLITARY SPLENIC METASTASIS FROM PRIMARY NSCLC	JOURNAL OF HEMATOLOGY AND ONCOLOGY	04/01/2010

Professional Web Page

http://www.browardhealth.org/bhmccancer

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.
TURKISH

Other Affiliations

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

Affiliation
AMERICAN SOCIETY OF CLINICAL ONCOLOGY