



## HERBERT SILVERSTEIN

License Number: ME20987

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 07/01/1961  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

HERBERT SILVERSTEIN  
FLORIDA EAR & SINUS CENTER  
1901 FLOYD STREET  
SARASOTA, FL 34239

### 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
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA
COLUMBIA DOCTORS HOSPITAL OF SARASOTA	SARASOTA	FLORIDA
CAPE SURGERY CENTER	SARASOTA	FLORIDA

### Email Address

Please contact at: [hsilverste@aol.com](mailto:hsilverste@aol.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL
HAWAII	MEDICAL
CALIFORNIA	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
TEMPLE UNIVERSITY	MD		01/01/1961

## 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
TEMPLE UNIVERSITY MEDICAL SCHOOL	PHILADELPHIA	UNITED STATES	01/01/1957	01/01/1963	MS PHYSIOLOGY

## 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
PHILADELPHIA GENERAL HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		PHILADELPHIA	PENNSYLVANIA	07/01/1961	06/30/1962
VETERENS ADMINISTRATION MEDICAL CENTER	RESIDENCY	GS - SURGERY		PHILADELPHIA	PENNSYLVANIA	07/01/1962	06/30/1963
MASSACHUSETTES EYE AND EAR INFIRMARY	RESIDENCY	OTO - OTOLARYNGOLOGY		BOSTON	MASSACHUSETTS	07/01/1963	06/30/1966

## 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 PROFESSOR SURGERY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA
CLINICAL PROFESSOR OF SURGERY, DEPT OF OTOLARYNGOLOGY	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED	PHILADELPHIA	PENNSYLVANIA

## 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
AMERICAN BOARD OF OTOLARYNGOLOGY	OTO - OTOLARYNGOLOGY

## Financial Responsibility

## Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), 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 \$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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
HONORED-CANADIAN ENT SOCIETY	AMERICAN ACADEMY OPHTHALMOLOGY OTOLARYNGOLOGY
ALPA OMEGA ALPHA	TEMPLE UNIVERSITY
SAMA HONORABLE MENTION - SCIENTIFIC FORUM	

## Publications

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

Title	Publication	Date
PRESERVATION OF THE STAPEDIUS TENDON IN LASER STAPES SURGE	LARYNGOSCOPE	10/01/1998
LASER-ASSISTED TYMPANOSTOMY	OFFICE-BASED SURGERY IN OTOLARYNGOLOGY	01/01/1998
MIDDLE EAR ENDOSCOPY	OFFICE-BASED SURGERY IN OTOLARYNGOLOGY	01/01/1998
ATLAS OF THE HUMAN AND CAT TEMPORAL BONE		01/01/1972
NEUROLOGICAL SURGERY OF THE EAR VOLUME 1	AESCULAPIUS PUBLISHING COMPANY	01/01/1977

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 not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

## Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF SURGEONS
AMERICAN OTOLOGICAL SOCIETY
BARANY SOCIETY
EAR RESEARCH FOUNDATION
FLORIDA MEDICAL SOCIETY
NEW ENGLAND OTOLARYNGOLOGICAL SOCIETY
PRESIDENT AND FOUNDER OF EAR RESEARCH FOUNDATION
SARASOTA COUNTY MEDICAL SOCIETY