## RICHARD L LEVITT M.D.

# License Number: ME24089

Profession Medical Doctor
License Status DELINQUENT/
Year Began Practicing 01/01/1973
License Expiration Date 01/31/2024

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

RICHARD L LEVITT M.D. 445 GRAND BAY DRIVE #806 KEY BISCAYNE, FL 33149

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

## **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	S MIAMI	FLORIDA
	CORAL GABLES	FLORIDA

### **Email Address**

Please contact at: falevitt@aol.com

### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# 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 not indicated whether he/she has submitted payment of the assessment.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
THOMAS JEFFERSON UNIVERSITY	MD	1/1/1961 - 1/1/1965	01/01/1965

## **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 FOUNDATION	INTERNSHIP	TY - TRANSITIONAL YEAR		***	OHIO	07/01/1965	06/30/1966
BRYN MAWR HOSPITAL	RESIDENCY	GS - SURGERY		***	PENNSYLVANIA	07/01/1966	06/30/1967
THOMAS JEFFERSON UNIVERSITY	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		***	PENNSYLVANIA	09/01/1969	12/31/1972

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

Title	Institution	City	State
ASSIST PROF OF ORTHOPAEDIC SURGERY	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

# **Specialty Certification**

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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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC 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**

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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
08/17/2012	DADE		06/07/2017	\$250,000.00	\$250,000.00
10/07/2014	DADE	2018-002292 CA-	04/17/2018	\$425,000.00	\$1,000,000.00
01/12/2016	DADE		07/13/2018	\$425,000.00	\$10,000,000.00
05/24/2016	BROWARD		09/06/2018	\$250,000.00	\$250,000.00
03/07/2016	DADE		03/07/2019	\$250,000.00	\$250,000.00
06/17/2016	DADE		06/09/2019	\$250,000.00	\$250,000.00
12/16/2014			07/12/2017	\$250,000.00	\$0.00
05/01/2013			07/12/2017	\$250,000.00	\$250,000.00

# **Optional Information**

### **Committees/Memberships**

This practitioner has an affiliation with the following committees:
INSTITUTIONAL REVIEW BOARD/DOCTOR'S HOSPITAL/MIAMI, FLORID
THE AMERICAN ACADEMY ORTHOPAEDIC SURGEONS/ADMISSIONS
ARTHOSCOPY ASSOCIATION OF NORTH AMERICA/ETHICS COMMITTEE
MIAMI CONGRESS OF SPORTS MEDICINE/MIAMI, FLORIDA

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

Community Service/Award/Honor	Organization	
	ARTHROSCOPY ASSOC NORTH AMERICA	
OUTSTANDING RESIDENT	THOMAS JEFFERSON UNIVERSITY HOSPITAL	

## **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**

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** 

**SPANISH** 

SPANISH

## **Other Affiliations**

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

Affiliation  AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE  BOLIVIAN ORTHOPEDIC SOCIETY/LA PAZ, BOLIVIA  DADE COUNTY MEDICAL ASSOCIATION  EUROPEAN ORTHOTRIPSY SOCIETY/SALZBURG, AUSTRIA  FLORIDA ORTHOPAEDIC SOCIETY  FOOD AND DRUG ADMINISTRATION/CHIEF INVESTIGATOR  INSTRUCTOR/AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  MIAMI DOLPHINS FOOTBALL TEAM/PHYSICIAN  NATIONAL HONOR MEDICAL SOCIETY  ORTHOPAEDIC CONSULTANT TO GOVERNMENT OF COSTA RICS  SPANISH ARTHROSCOPY ASSOCIATION/GIJON, SPAIN	I his practitioner has provided the following national, state, local, county, and professional affiliations:
BOLIVIAN ORTHOPEDIC SOCIETY/LA PAZ, BOLIVIA  DADE COUNTY MEDICAL ASSOCIATION  EUROPEAN ORTHOTRIPSY SOCIETY/SALZBURG, AUSTRIA  FLORIDA ORTHOPAEDIC SOCIETY  FOOD AND DRUG ADMINISTRATION/CHIEF INVESTIGATOR  INSTRUCTOR/AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  MIAMI DOLPHINS FOOTBALL TEAM/PHYSICIAN  NATIONAL HONOR MEDICAL SOCIETY  ORTHOPAEDIC CONSULTANT TO GOVERNMENT OF COSTA RICS	Affiliation
DADE COUNTY MEDICAL ASSOCIATION  EUROPEAN ORTHOTRIPSY SOCIETY/SALZBURG, AUSTRIA  FLORIDA ORTHOPAEDIC SOCIETY  FOOD AND DRUG ADMINISTRATION/CHIEF INVESTIGATOR  INSTRUCTOR/AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  MIAMI DOLPHINS FOOTBALL TEAM/PHYSICIAN  NATIONAL HONOR MEDICAL SOCIETY  ORTHOPAEDIC CONSULTANT TO GOVERNMENT OF COSTA RICS	AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE
EUROPEAN ORTHOTRIPSY SOCIETY/SALZBURG, AUSTRIA  FLORIDA ORTHOPAEDIC SOCIETY  FOOD AND DRUG ADMINISTRATION/CHIEF INVESTIGATOR  INSTRUCTOR/AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  MIAMI DOLPHINS FOOTBALL TEAM/PHYSICIAN  NATIONAL HONOR MEDICAL SOCIETY  ORTHOPAEDIC CONSULTANT TO GOVERNMENT OF COSTA RICS	BOLIVIAN ORTHOPEDIC SOCIETY/LA PAZ, BOLIVIA
FLORIDA ORTHOPAEDIC SOCIETY  FOOD AND DRUG ADMINISTRATION/CHIEF INVESTIGATOR  INSTRUCTOR/AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  MIAMI DOLPHINS FOOTBALL TEAM/PHYSICIAN  NATIONAL HONOR MEDICAL SOCIETY  ORTHOPAEDIC CONSULTANT TO GOVERNMENT OF COSTA RICS	DADE COUNTY MEDICAL ASSOCIATION
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	NATIONAL HONOR MEDICAL SOCIETY
SPANISH ARTHROSCOPY ASSOCIATION/GIJON, SPAIN	ORTHOPAEDIC CONSULTANT TO GOVERNMENT OF COSTA RICS
	SPANISH ARTHROSCOPY ASSOCIATION/GIJON, SPAIN