



JOHN WILLIAM URIBE MD

License Number: ME31945

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1987
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

JOHN WILLIAM URIBE MD  
1150 CAMPO SANO AVE  
CORAL GABLES, FL 33146-6960

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
DOCTORS HOSPITAL	CORAL GABLES	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
MEDICAL ARTS SURGERY CENTER	SOUTH MIAMI	FLORIDA

### Email Address

Please contact at: [carlosrib@baptisthealth.net](mailto:carlosrib@baptisthealth.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
HAWAII	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
GEORGIA	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
UNIVERSITY OF NORTH CAROLINA C	MD	1/1/1972 - 6/1/1976	06/01/1976

## 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
UNIVERSITY OF NORTH CAROLINA HOSPITALS	INTERNSHIP	GS - SURGERY		***	NORTH CAROLINA	07/01/1976	06/30/1977
UNIVERSITY OF MIAMI/JACKSON MEMORIAL HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		MIAMI	FLORIDA	07/01/1977	06/30/1981
HOUGHSTON CLINIC	FELLOWSHIP	EM - SPORTS MEDICINE		***	GEORGIA	08/11/1984	07/01/1985

## 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
PROFESSOR CHAIR DEPARTMENT OF ORTHOPAEDIC SURGERY	FLORIDA INTERNATIONAL UNIV. COLLEGE OF MEDICINE	MIAMI	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 SURGERY	ORTHOPEDICS	
AMERICAN BOARD OF ORTHOPAEDIC SURGERY	FP - SPORTS MEDICINE	

## 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

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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.

The practitioner did not provide this mandatory information.

### 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 an affiliation with the following committees:

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

ARTHROSCOPY ASSOCIATION OF NORTH AMERICA

THE INTERNATIONAL SOCIETY OF ARTHROSCOPY KNEE SURGERY AND O

AMERICAN ORTHOPAEDIC SOCIETY OF SPORT MEDICINE

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
TEAM PHYSICIAN	FLORIDA PANTHERS
STAR AWARD, 1999	ARTHRITIS FOUNDATION
TEAM PHYSICIAN	MIAMI DOLPHINS

Community Service/Award/Honor	Organization
OUTSTANDING TEACHING AWARD RESIDENTS AWARD 2003	UNIVERSITY OF MIAMI
AMERICA'S TOP ORTHOPEDISTS	CONSUMERS' RESEARCH COUNCIL OF AMERICA
AMERICA'S TOP DOCTORS	CASTLE CONNOLLY MEDICAL LTD
BEST DOCTORS IN AMERICA	BEST DOCTORS COM
TOP DOCTORS IN SOUTH FLORIDA	SOUTH FLORIDA CEO MAGAZINE
TOP DOCTORS SOUTHEAST	CONSUMER REPORTS MAGAZINE

## Publications

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

Title	Publication	Date
SHOULDER PROSTHETIC ARTHROPLASTY OPTIONS IN 2014 WHAT TO DO	COURSE LECTURE	01/01/2014
BIOMECHANICAL ANALYSIS OF POSTERIOR CRUCIATE LIGAMENT RECONS	ORTHOPEDICS	01/01/2015
GLENOID FRACTURE AFTER ARTHROSCOPIC BANKART REPAIR CASE SER	JOURNAL OF SURGICAL ORTHOPAEDIC ADVANCES	11/01/2014
COMPLICATIONS IN BRIEF QUADRICEPS AND PATELLAR TENDON TEARS	CLINICAL ORTHOPAEDICS AND RELATED RESEARCH®	03/01/2014
TWO-YEAR OUTCOME WITH THE APERFIX SYSTEM FOR ACL RECONSTRUCT	ORTHOPEDICS	02/01/2013

## Professional Web Page

<http://sportsmedicine.baptisthealth.net/>

## 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
ALEX DE TOCQUEVILLE SOCIETY
FLORIDA ARTHRITIS SOCIETY
FLORIDA MEDICAL ASSOCIATION
MIAMI ORTHO SOCIETY