



## ARTHUR STEPHEN AGATSTON MD

License Number: ME34856

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026

## General Information

### Primary Practice Address

ARTHUR STEPHEN AGATSTON MD  
1691 MICHIGAN AVENUE  
SUITE 300  
MIAMI BEACH, FL 33139

### 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
MOUNT SINAI MEDICAL CENTER	MIAMI BEACH	FLORIDA

### Email Address

Please contact at: [arthur@agatstoncenter.com](mailto:arthur@agatstoncenter.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 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
NEW YORK UNIVERSITY	MD	1/1/1969 - 1/1/1973	01/01/1973

Other Health Related Degrees

The practitioner did not provide this mandatory information.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	State or City Country	Dates Attended From	Dates Attended To
NEW YORK UNIVERSITY	FELLOWSHIP	OTHER	CARDIOLOGY	NEW YORK	01/01/0001	01/01/0001

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

Title	Institution	City	State
ASSOCIATE PROFESSOR OF MEDICINE	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

Specialty Certification

Specialty Certification

The practitioner did not provide this mandatory information.

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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.

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:**

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

**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:  
PROGRAM COMMITTEE, ANNUAL MEETING OF FLORIDA CHAPTER  
PHYSICIAN TRAINING COMMITTEE-AMERICAN SOCIETY OF ECHOCARDI  
FOUNDER, MT SINAI MEDICAL CENTER  
YOUNG PRESIDENT, MT SINAI MEDICAL CENTER  
CONTINUING MEDICAL EDUCATION COMMITTEE/MOUNT SINAI MEDICAL  
GREATER MIAMI JEWISH FEDERATION  
FOUNDER, ISRAEL TENNIS CENTERS

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
PAST PRESIDENT	GREATER MIAMI AMERICAN HEART ASSOCIATION

**Publications**

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

Title	Publication	Date
THE DIAGNOSIS OF A RIGHT CORONARY ARTERY TO RIGHT ATRIAL	AMERICAN JOURNAL CARDIOLOGY	01/01/1984
DIAGNOSIS OF CONSTRICTIVE PERICARDITIS BY PULSED DOPPLER	AMERICAN JOURNAL OF CARDIOLOGY	10/01/1984
AORTIC VALVE RING ABSCESS:TWO DIMENSIONAL ECHOCARDIOGRAPHI	AMERICAN HEART JOURNAL	01/01/1985
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Title	Publication	Date
COMPARATIVE STUDY OF THE ECHOCARDIOGRAPHIC FINDINGS IN HYP		01/01/1982
CORONARY SINUS PACER LEAD SIMULATING LEFT ATRIAL MASS	JOURNAL OF ULTRASOUND MEDICINE	01/01/1982

### 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 HEART ASSOCIATION
AMERICAN SOCIETY OF ECHOCARDIOGRAPHY
FELLOW, AMERICAN COLLEGE OF CARDIOLOGY
GREATER MIAMI SOCIETY OF ECHOCARDIOGRAPHY
SOUTHEAST COOPERATIVE LIPID COUNCIL