



## TIMOTHY ALLEN ALEXANDER

License Number: ME35285

Profession	Medical Doctor
License Status	Obligations/Active
Year Began Practicing	01/01/1971
License Expiration	01/31/2026
Date	

## General Information

### Primary Practice Address

TIMOTHY ALLEN ALEXANDER  
915 MIDDLE RIVER DR  
SUITE 213  
FORT LAUDERDALE, FL 33304

### 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
MERCY HOSPITAL INC.	MIAMI	FLORIDA

### Email Address

Please contact at: [info@drtimalexander.com](mailto:info@drtimalexander.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
UNIVERSITY OF OTAGO	MD		12/01/1970

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
QUEEN'S MEDICAL CENTER, UNIVERSITY OF HAWAII	RESIDENCY	GS - SURGERY		HONOLULU	HAWAII	07/01/1972	06/30/1973
UNIVERSITY OF MIAMI MAYTAG FELLOWSHIP	FELLOWSHIP	PS - PLASTIC SURGERY		MIAMI	FLORIDA	04/01/1979	06/30/1979
ROYAL PERTH HOSPITAL	RESIDENCY	GS - SURGERY	PLASTIC SURGERY	PERTH	AUSTRALIA	01/01/1974	12/31/1974
CHRISTCHURCH HOSPITAL BURWOOD	RESIDENCY	GS - SURGERY	PLASTIC SURGERY	CHRISTCHURCH	NEW ZEALAND	01/01/1975	12/31/1975
BRADFORD ROYAL INFIRMARY ST LUKES HOSPITAL	RESIDENCY	PS - PLASTIC SURGERY		LONDON	UNITED KINGDOM	12/01/1976	11/30/1978
HOSPITAL FOR SICK CHILDREN	RESIDENCY	PS - PLASTIC SURGERY		LONDON	UNITED KINGDOM	05/01/1976	10/31/1976
PLASTIC SURGERY ASSOCIATES BAKER AND GORDON	FELLOWSHIP	PS - PLASTIC SURGERY		MIAMI	FLORIDA	07/30/1979	11/01/1979
GENERAL SURGERY	INTERNSHIP	GS - SURGERY		NAPIER	NEW ZEALAND	02/01/1971	10/05/1971
GENERAL AND PLASTIC SURGERY	RESIDENCY	PS - PLASTIC SURGERY		NASSAU	BAHAMAS	07/01/1973	01/01/1974

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 does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action			Under Appeal
FLORIDA DEPARTMENT OF HEALTH	12/11/2024	OBLIGATIONS IMPOSED			NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
QUALITY ASSURANCE REVIEW - FOL	12/11/2024	7/10/2025		\$ 0.00	\$ 0.00
QUALITY ASSURANCE REVIEW	12/11/2024	6/10/2025		\$ 0.00	\$ 0.00
COSTS	12/11/2024	1/10/2025	3/29/2024	\$ 4,900.00	\$ 4,900.00
BOARD RETAINS JURISDICTION	12/11/2024			\$ 0.00	\$ 0.00
CE: POST-OPERATIVE CARE IN PL		12/10/2025		\$ 0.00	\$ 0.00
CE: RISK MANAGEMENT		12/10/2025		\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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 not provided any professional or community service activities, honors, or awards.

**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**

www.drtimealexander.com

**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
ROYAL COLLEGE OF SURGEONS EDINBURGH UK