MARC DAVID GOLDEN

License Number: OS4664

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	01/01/1990
License Expiration Date	03/31/2026

General Information

Primary Practice Address

MARC DAVID GOLDEN
9970 CENTRAL PARK BLVD.
SUITE 300
BOCA RATON, FL 33428

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
PINECREST REHABILITATION HOSPITAL	DELRAY BEACH	FLORIDA
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
BOCA RATON OUTPATIENT SURGERY & LASER CENTER, A HEALTHS	BOCA RATON	FLORIDA

Email Address

Please contact at: **scott@goldenortho.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
PHILADELPHIA COLLEGE OF OSTEOP	MD		
PHILADELPHIA COLLEGE OF OSTEOP	DO		

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
SOUTHEASTERN MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		MIAMI	FLORIDA	07/01/1983	06/01/1984
SOUTHEASTERN MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		MIAMI	FLORIDA	07/01/1985	06/01/1989
WASHINGTON ORTHOPAEDIC CLINIC	FELLOWSHIP	OTHER	SPORTS MEDICINE, ARTHROSCOPY, KNEE RECONSTRUCTION	ALEXANDRIA	VIRGINIA	07/01/1989	06/01/1990

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 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 OSTEOPATHIC BOARD OF ORTHOPEDIC	ORS - ORTHOPAEDIC SURGERY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675 FS, in an amount not less than $250,000 per claim, with a minimum aggregate availability of credit of not less than $750,000.The letter of credit shall be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state OR I have hospital staff privileges and I have established and maintain an escrow account consisting of cash or assets eligible for deposit in accordance with s.625.52 FS in the per-claim amounts specified above.

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 an affiliation with the following committees:
AMERICAN OSTEOPATHIC ACADEMY
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE
AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPAEDIC SURGERY
ARTHROSCOPY ASSOCIATION OF NORTH AMERICA
FLORIDA ORTHOPAEDIC SOCIETY
FLORIDA ORTHOPAEDIC SOCIETY
FLORIDA OSTEOPATHIC MEDICAL SOCIETY
PALM BEACH ORTHOPAEDIC SOCIETY
PALM BEACH MEDICAL SOCIETY

Professional or Community Service Awards

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

Publications

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

Title	Publication	Date
COMBINED INTRAARTICULAR AND EXTRAARTICULAR ANTERIOR CRUCIA	LIGAMENT AND EXTERSOR MECHANISM INJURIES OF THE KNEE	01/01/1990
POSTERIOR FRACTUR-DISLOCATION OF THE SHOULDER:A CASE REPOR	SOUTHEATERN MEDICAL CENTER	05/01/1986
ACUTE HEMATOGENOUS OSTEOMYELITIS OF THE PELVIS IN CHILDREN	SOUTHEASTERN MEDICAL CENTER	06/01/1987
A REVIEW OF FRACTURE/DISLOCATION OF THE TARSOMETETARSAL JO	SOUTHEASTERN MEDICAL CENTER	
DIAGNOSIS OF ANTERIOR KNEE PAIN	SOUTHEASTERN MEDICAL CENTER	06/01/1989
A REVIEW OF ANTERIOR KNEE PAIN	WASHINGTON ORTHOPAEDIC AND KNEE CLINIC	05/01/1990

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 not provided any national, state, local, county, or professional affiliations.