# **GEORGE MARTIN BENCHIMOL**

#### License Number: ME44625

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1982
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

GEORGE MARTIN BENCHIMOL 6900 NW 9TH BLVD GAINESVILLE, FL 32605

#### 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
NORTH FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE	FLORIDA

#### **Email Address**

Please contact at: George.Benchimol@hcahealthcare.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
CAYEY SCHOOL OF MED.	MD	1/1/1979 - 12/1/1982	12/01/1982

#### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA	08/01/1974	12/01/1978	BA - HEALTH SCIENCE
UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA	08/01/1974	12/01/1978	BA PSYCHOLOGY

# **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

	Program		Other Specialty		State or	Dates	Dates
Program Name	Туре	Specialty Area	Area	City	Country	Attended From	Attended To
UNIVERSITY OF FLORIDA	INTERNSHIP	FP - FAMILY MEDICINE		GAINESVILLE	FLORIDA	07/01/1983	07/01/1984
UNIVERSITY OF FLORIDA	RESIDENCY	FP - FAMILY MEDICINE		GAINESVILLE	FLORIDA	07/01/1984	07/01/1986

# **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
ADJUNCT PROFESSOR OF CLINICAL MEDICINE	UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN	GAINESVILLE	E FLORIDA
ASSISTANT PROFESSOR OF FAMILY MEDICINE	UNIVERSITY OF CENTRAL FLORIDA SCHOOL OF MEDICINE	ORLANDO	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 FAMILY MEDICINE	FP - FAMILY 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**

# **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:

BOARD MEMBER/ALACHUA COUNTY MEDICAL SOCIETY

TREASURER/ALACHUA COUNTY MEDICAL SOCIETY

PAST CHAIRMAN, DEPT OF MEDICINE/ALACHUA GENERAL HOSPITAL

PAST CHAIRMAN, CREDENTIALS COMM/ALACHUA GEN HOSP AT SHANDS

MEDICAL EXECUTIVE COMMITTEE/ALACHUA GENERAL HOSP AT SHANDS

AVMED QUALITY ASSURANCE COMMITTEE

PAST BOARD MEMBER/FL INDEPENDENT PHYSICIANS ASSOCIATION

BOARD MEMBER/COLUMBIA NORTH FLORIDA REGIONAL HOSPITAL

UTILIZATION MANAGEMENT COMMITTEE

MANAGING PARTNER, GAINESVILLE FAMILY PHYSICIANS

CHIEF OF STAFF SHANDS AT ALACHUA GENERAL HOSPITAL

# **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
TAMPA TRIBUNE SCHOLARSHIP, 1974	
HONORS CONVOCATION, 1974	UNIVERSITY OF SOUTH FLORIDA
CUM LAUDE GRADUATE, 1982	CAYEY SCHOOL OF MEDICINE
WHO'S WHO AMONG RISING YOUNG AMERICANS, 1991	
THE BEST DOCTOR'S IN AMERICA, 1996-98	
PHYSICIAN OF THE YEAR, 1996	
PAST PRESIDENT, BOARD OF FAMILY PRACITICE MEDICAL GROUP	UNIVERSITY OF FLORIDA RESIDENCY PROGRAM
SPONSOR	YOUTH SOCCER-GAINESVILLE, FL
APPRECIATION AWARD	WE CARE CLINIC
INDIGENT CARE, PROFESSIONAL SERVICES	FLORIDA MEDICAL ASSOCIATION
SPONSOR	YMCA-GAINESVILLE, FL
AMERICAN ACADEMY OF FAMILY PHYSICIANS FELLOW	AMERICAN ACADEMY OF FAMILY PHYSICIANS
ABFM DIPLOMATE	AMERICAN BOARD OF FAMILY PHYSICIANS

### **Publications**

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

Title	Publication	Date
GETTING READY FOR SCHOOL DAY	GAINESVILLE SUN	10/06/1993
SUMMERTIME INJURIES	BASS MASTERS MAGAZINE	02/01/1993
BASIC FIRST AID FOR BASS ANGLERS	BASS MASTERS MAGAZINE	03/01/1993
A LOOK AT ANGLER'S ELBOW	BASS MASTERS MAGAZINE	04/01/1993
BASIC EMERGENCY	BASS MASTERS MAGAZINE	05/01/1993
DIET AND THE FISHERMAN	BASS MASTERS MAGAZINE	06/01/1993
HYPOTHERMIA	BASS MASTERS MAGAZINE	07/01/1993

# **Professional Web Page**

https://gainesvillefamilyphysicians.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:

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Affiliation	
ALACHUA COUNTY MEDICAL SOCIETY	
AMERICAN ACADEMY OF FAMILY PHYSICIANS FELLOW	
AMERICAN ACADEMY OF FAMILY PHYSICIANS-DIPLOMATE	
FLORIDA ACADEMY OF FAMILY PHYSICIANS	
FLORIDA MEDICAL SOCIETY-DELEGATE	
PHYSICIANS SERVICES TASK FORCE	
SOCIETY OF TEACHERS OF FAMILY MEDICINE	