



JAMES HOWARD RUBENSTEIN MD

License Number: ME55380

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1987
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

JAMES HOWARD RUBENSTEIN MD
ADVOCATE RADIATION ONCOLOGY
15681 NEW HAMPSHIRE CT
FORT MYERS, FL 33907

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
CHARLOTTE REGIONAL MEDICAL CENTER	PUNTA GORDA	FLORIDA
CAPE CORAL HOSPITAL	CAPE CORAL	FLORIDA
ENGLEWOOD COUMMUNITY HOSPITAL	ENGLEWOOD	FLORIDA
FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	FLORIDA
GULF COAST MEDICAL CENTER	FORT MYERS	FLORIDA
LEE MEMORIAL HOSPITAL-HEALTHPARK	FORT MYERS	FLORIDA
LEE MEMORIAL HOSPITAL	FORT MYERS	FLORIDA
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
PEACE RIVER REGINAL MEDICAL CENTER	PORT CHARLOTTE	FLORIDA
PHYSICIANS REGIONAL HOSPITAL	NAPLES	FLORIDA
WESTSIDE REGIONAL MEDICAL CENTER	PLANTATION	FLORIDA
LEE MEMORIAL HOSPITAL-HEALTHPARK	FORT MYERS	FLORIDA

Email Address

Please contact at: jruben18@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL DOCTOR- INACTIVE
NEW YORK	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
NEW YORK UNIVERSITY	MD	9/1/1977 - 6/1/1981	06/01/1981

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
BETH ISRAEL HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		***	MASSACHUSETTS	07/01/1981	06/30/1982
BETH ISRAEL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		***	MASSACHUSETTS	07/01/1982	06/30/1984
UNIVERSITY OF PENNSYLVANIA HOSPITAL	RESIDENCY	RO - RADIATION ONCOLOGY		***	PENNSYLVANIA	07/01/1984	12/01/1987

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 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 RADIOLOGY	RO - RADIATION ONCOLOGY	06/11/1987
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	09/12/1984

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:

DELEGATE, FLORIDA MEDICAL ASSOCIATION
PAST PRESIDENT-ELECT LEE COUNTY MEDICAL SOCIETY
PAST PRESIDENT LEE COUNTY MEDICAL SOCIETY
PAST PRESIDENT FLORIDA MEDICAL ASSOCIATION PAC
PAST PRESIDENT AMERICAN COLLEGE OF RADIATION ONCOLOGY
PAST TREASURER LEE COUNTY MEDICAL SOCIETY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
SIGMA XI	
ALPHA OMEGA ALPHA	

Publications

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

Title	Publication	Date
RESULTS OF THYROID OPHTHALMOPATHY	INT J RADIATION ONCOLOGY BIOL PHYS	01/01/1989
DETECTION OF LOCAL RECURRENCE AFTER DEFINITIVE IRRADIATION	CANCER	01/01/1990
ULTRASTRUCTURAL DIAGNOSIS OF HISTOLOGICALLY ATYPICAL THROM	ULTRASTRUCTURAL PATHOLOGY	01/01/1981
PROSPECTIVE PREDICTION OF POSTRADIATION THERAPY LUNG	INT J RAD ONC BIOL PHYS	01/01/1988
QUANTATIVE LUNG SCANS FOR PREDICTION OF POST-RADIOTHERAPY	CLINICAL NUCLEAR MEDICINE	01/01/1988
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Professional Web Page

www.21co.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
AMERICAN COLLEGE OF RADIATION ONCOLOGY
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY & ONCOLOGY
ASSOCIATION OF FREESTANDING RADIATION ONCOLOGY CENTERS
CERT/RADIATION THERAPY
CHARLOTTE COUNTY MEDICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION