



## JEFFREY HARRY OPPENHEIMER

License Number: ME60083

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

JEFFREY HARRY OPPENHEIMER  
NW BEACON SQUARE BLVD  
STE 103  
BOCA RATON, FL 33487

### 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
	WINTER PARK	FLORIDA
ALTAMONTE SURGERY CENTER	ALTAMONTE	FLORIDA
OUTPATIENT SURGICAL SERVICES	DEERFIELD BEACH	FLORIDA
INSIGHT SURGICAL HOSPITAL	WARREN	MICHIGAN

### Email Address

Please contact at: [joppenheimer7@gmail.com](mailto:joppenheimer7@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
LOUISIANA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
MINNESOTA	MEDICAL
MISSISSIPPI	MEDICAL
NEW JERSEY	MEDICAL
NEW YORK	MEDICAL
OREGON	MEDICINE
PENNSYLVANIA	MEDICINE
WASHINGTON	MEDICINE

State	Profession
GEORGIA	MEDICAL LICENSE

## 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
GEORGETOWN UNIVERSITY	MD	8/1/1980 - 5/1/1984	05/01/1984

### Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
GEORGETOWN UNIVERSITY	WASHINGTON	DISTRICT OF COLUMBIA	08/01/1979	08/01/1980	MASTERS OF SCIENCE

### 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
USC-LAC	INTERNSHIP	OTHER		***	LOUISIANA	06/24/1984	06/24/1985
USC-LAC	RESIDENCY	OTHER		LOS ANGELES	CALIFORNIA	06/24/1985	06/24/1990

## 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
ASSISTANT PROFESSOR OF NEUROSURGERY	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 NEUROLOGICAL SURGERY	NS - NEUROLOGICAL SURGERY	

# 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:

**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.

#### 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](#).**

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
09/21/2015	BROWARD	17000472CA08	06/22/2018	\$250,000.00	\$500,000.00
09/21/2015	ST. LUCIE		03/13/2020	\$175,000.00	\$0.00
05/29/2013	OUT OF STATE	502015CA011005	07/14/2020	\$250,000.00	\$250,000.00
12/09/2014	OUT OF STATE	50-2016-CA-0108	02/15/2022	\$250,000.00	\$250,000.00

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
04/13/2015	VOLUSIA	2017-CA-001650	09/01/2022	\$250,000.00	\$250,000.00

## 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 authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
RADIONEOSIS SECONDARY TO HERSTITAL BRACHY THERAPY	NEUROSURGERY	01/01/1992
MINIMALLY INVASIVE SPINE TECHNOLOGY AND MINIMALLY INVASIVE S	NEUROSURGERY FOCUS VOL 27 NO 3	09/01/2009
MANAGEMENT OF INTRAOPERATIVE RUPTURE OF CEREBRAL ANEURYSM	NEUROSURGERY VOL 28 4	04/01/1991
MANAGEMENT OF INTRAOPERATIVE RUPTURE OF CEREBRAL ANEURYSM	NEUROSURGERY VOL 28 4	04/01/1991
CHAPTER -THORACIC PEDICLE SCREW PLACEMENT	NEUROSURGERY TRICKS OF TRADE SPINE PEARLS AND PITFALLS	04/01/2014

### Professional Web Page

[www.neurosurgerymedassociates.com](http://www.neurosurgerymedassociates.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.

GERMAN

### Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS
CONGRESS OF NEUROLOGICAL SURGEONS
FLORIDA MEDICAL SOCIETY
INTERNATIONAL SPINAL INTERVENTION SOCIETY
NORTH AMERICAN SPINE SOCIETY
SOCIETY FOR MINIMALLY INVASIVE SPINE SURGERY