



## CONSTANTINO GILBERTO MENDIETA

License Number: ME70055

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing Not Provided  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

CONSTANTINO GILBERTO MENDIETA  
2310 SOUTH D S DIXIE HIGHWAY  
COCONUT GROVE, FL 33133

### 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
	MIAMI	FLORIDA
MERCY HOSPITAL INC.	MIAMI	FLORIDA

### Email Address

Please contact at: [DrMendieta@4beauty.net](mailto:DrMendieta@4beauty.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
ARIZONA	PLASTIC SURGEON
CALIFORNIA	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
CREIGHTON UNIVERSITY	MD	6/1/1985 - 5/1/1989	05/01/1989
CREIGHTON UNIVERSITY			

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
MARICOPA MEDICAL CENTER	RESIDENCY	GS - SURGERY		PHOENIX	ARIZONA	07/01/1989	07/01/1994
ROYAL COLLEGE OF SURGEONS	FELLOWSHIP	OTHER		EDINBOROUGH,SCOTTLAND	IRELAND	07/02/1994	12/31/1994
UNIVERSITY OF MIAMI JACKSON MEMOIRAL HOSPITAL	RESIDENCY			MIAMI	FLORIDA	01/01/1995	12/31/1997
BRUCE CONNELL MD	FELLOWSHIP	OTHER	AESTHETIC SURGERY	BEVERLY HILLS	CALIFORNIA	01/01/1998	03/01/1998
CARL HARTRAMPF MD	FELLOWSHIP	OTHER	BREAST RECONSTRUCTION	ATLANTA	GEORGIA	03/01/1998	06/01/1998
HARVARD MEDICAL SCHOOL	FELLOWSHIP	PS - PLASTIC SURGERY		BOSTON	MASSACHUSETTS	07/01/1998	11/30/1998

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 PLASTIC SURGERY	PS - PLASTIC 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.

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](#).

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
03/12/2018			02/18/2020	\$125,000.00	\$250,000.00
03/10/2020	DADE	2021-023238-CA-	05/23/2022	\$245,000.00	\$0.00

# Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:  
FLORIDA MEDICAL SOCIETY  
DADE MEDICAL SOCIETY  
AMERICAN MEDICAL SOCIETY  
INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGEONS  
FELLOW OF THE AMERICAN COLLEGE OF SURGEONS  
FELLOW OF THE INTERNATIONAL COLLEGE OF SURGEONS  
AMERICAN SOCIETY OF AESTHETIC PLASTIC SURGERY  
AMERICAN SOCIETY OF PLASTIC SURGEONS

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
WHO'S WHO IN AMERICA/1992	
MAGNA CUM LAUDE	
OUTSTANDING SCHOLASTIC ACHIEVMENT AWARD/1989	

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

This practitioner has not provided any professional web page information.

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
BRUCE CONNELL MD SOCIETY
MILLARD SOCIETY
VISITING FELLOWSHIP, PARIS,FRANCE;RIO DE JANEIRO;SAO PABLO