



RICHARD ROZENCWAIG

License Number: ME75402

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1992
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

RICHARD ROZENCWAIG
2627 NE 203RD STREET
102
AVENTURA, FL 33180

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
MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD	FLORIDA
AVENTURA HOSPITAL AND MEDICAL CENTER	AVENTURA	FLORIDA
SURGERY CENTER OF AVENTURA	AVENTURA	FLORIDA

Email Address

Please contact at: richrozen@mac.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL

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
UNIVERSITY OF MIAMI	MD	7/1/1988 - 5/30/1992	05/30/1992

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 MIAMI	CORAL GABLES	FLORIDA	06/01/1986	06/30/1988	BASC BIOMEDICAL ENGINEERING

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
OCHSNER CLINIC FOUNDATION	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW ORLEANS	LOUISIANA	07/01/1992	06/30/1997
UNIVERSITY OF WASHINGTON	FELLOWSHIP	OTHER	SHOULDER & ELBOW SURGERY	SEATTLE	WASHINGTON	08/01/1997	07/31/1998

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
CLINICAL ASSISTANT PROFESSOR	NOVA SOUTHEASTERN	FORT LAUDERDALE	FLORIDA
ACTING INSTRUCTOR	UNIVERSITY OF WASHINGTON SCHOOL OF MEDIC		WASHINGTON

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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

Background & History

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:
LEGISLATIVE COMMITTEE/DADE COUNTY MEDICAL ASSOCIATION
SURGICAL REVIEW COMMITTEE/AVENTURA HOSPITAL
ORTHOPAEDIC SECTION COUNCIL/AMERICAN MEDICAL ASSOCIATION
ORTHOPEDIC SURGERY DEPARTMENT CHAIR

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PHYSICIAN'S RECOGNITION AWARD	AMERICAN MEDICAL ASSOCIATION
LEADERSHIP AWARD FOR OUTSTANDING LEADERSHIP IN COMMUNITY	AMERICAN MEDICAL ASSOCIATION/ GLAXO WELLCOME
ON CALL AWARD	AMERICAN MEDICAL ASSOCIATION
TEAM PHYSICIAN	ST THOMAS UNIVERSITY

Community Service/Award/Honor	Organization
HOSPITAL PHYSICIAN	MANUSCRIPT REVIEW BOARD
FLORIDA BOARD OF ATHLETIC TRAINING	FLORIDA DEPARTMENT OF HEALTH
OFFICIAL PHYSICIAN	WORLD OLYMPIANS ASSOCIATION

Publications

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

Title	Publication	Date
THE STIFF SHOULDER	ROCKWOOD & MATSEN'S THE SHOULDER, 2ND EDITION	01/01/1998
FATAL PULMONARY EMBOLUS AFTER KNEE ARTHOSCOPY	ARTHROSCOPY	01/01/1996
SHOULDER PROBLEMS IN ATHLETES	HOSPITAL PHYSICIAN ORTHO SURG BOARD REVIEW MANUAL	01/01/1997
SHOULDER RECONSTRUCTION:ORTHOPAEDIC KNOWLEDGE UPDATE 6	AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	01/01/1999
GLENOHUMERAL DEGENERATIVE JOINT DISEASE	JOURNAL OF BONE AND JOINT SURGERY	08/01/1998
MELORHEOSTOSIS	JOURNAL OF HAND SURGERY	04/01/1996
PHYSICAL FITNESS AND WEIGHT CONTROL	HOSPITAL PHYSICIAN	02/01/1998

Professional Web Page

www.orthopedicare.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 ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN COLLEGE OF SURGEONS
ARTHROSCOPY ASSOCIATION OF NORTH AMERICA
DADE COUNTY MEDICAL ASSOCIATION
DOUG HARRYMAN SOCIETY
FLORIDA MEDICAL ASSOCIATION
FLORIDA ORTHOPAEDIC SOCIETY
INTERNATIONAL SOCIETY OF ARTHROSCOPY KNEE SURGERY AND ORTHO
MIAMI ORTHOPAEDIC SOCIETY
SOUTHERN MEDICAL ASSOCIATION
SOUTHERN ORTHOPAEDIC ASSOCIATION