



## STEVEN BRADLEY GOLDIN

License Number: ME84458

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/1985  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

STEVEN BRADLEY GOLDIN  
5000 MEMORIAL DRIVE  
TWO RIVERS, WI 54241

### 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
	TAMPA	FLORIDA
		FLORIDA
FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	FLORIDA
BAYFRONT MEDICAL CENTER	PORT CHARLOTTE	FLORIDA
BAYFRONT MEDICAL CENTER	PUNTA GORDA	FLORIDA

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MD

### 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 ILLINOIS AT CHIC	MD		05/08/1994

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
KALAMAZOO COLLEGE	KALAMAZOO	MICHIGAN	09/01/1981	06/30/1985	BA - HEALTH SCIENCE
UNIVERSITY OF ILLINOIS AT CHICAGO	CHICAGO	ILLINOIS	01/01/0001	12/12/1993	PH.D BIOCHEMISTRY
UNIVERSITY OF ILLINOIS AT CHICAGO	CHICAGO	ILLINOIS	01/01/0001	05/01/1994	M.D. MEDICAL DOCTOR

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
JOHNS HOPKINS HOSPITAL	RESIDENCY	GS - SURGERY		BALTIMORE	MARYLAND	07/01/1994	06/30/2000
JOHNS HOPKINS HOSPITAL	FELLOWSHIP	OTHER	SURGICAL ONCOLOGY	BALTIMORE	MARYLAND	06/01/2000	06/30/2001

Academic Appointments

Graduate Medical Education

This practitioner has 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 SURGERY	GS - SURGERY	

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](#).**

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
02/25/2020	CHARLOTTE	21000608CA	06/10/2022	\$487,500.00	\$5,000,000.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

SOCIETY OF SURGICAL ONCOLOGY  
SOCIETY FOR SURGERY OF THE ALIMENTARY TRACT  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY  
ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY  
SIGMA X, THE SCIENTIFIC RESEARCH SOCIETY  
ASSOCIATION FOR SURGICAL EDUCATION  
ASSOCIATION FOR ACADEMIC SURGERY  
PANCREAS CLUB  
SOUTHEASTERN SURGICAL CONGRESS  
SOCIETY OF UNIVERSITY 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
DISTINGUISHED SERVICE AWARD	AMERICAN SOCIETY OF ABDOMINAL SURGEONS

### Publications

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

Title	Publication	Date
IDENTIFYING MARKERS FOR PANCREATIC CANCER BY GENE EXPRESSI	CANCER EPIDEMIOLOGY BIOMARKERS & PREVENTION	01/01/1998
LAPAROSCOPIC NISSEN FUNDOPLICATION OFFERS HIGH PATIENT SATIS	AM SURG	03/01/2006
STAGE DOES NOT PREDICT SURVIVAL AFTER RESECTION OF HILAR CHO	AM J SURG	11/01/2005
EPIDEMIOLOGY OF RISK FACTORS FOR PANCREATIC CANCER	SURG ONCOL CLIN N AM	01/01/1998
PERFORATED AMYANDS HERNIA	SOUTH MED J	05/01/2001
LEIOMYOSARCOMA ARISING FROM THE SUPERIOR MESENTERIC VEIN	SURGERY	07/01/2002
TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION WITH OR WITHOUT RAD	AM SURG	09/01/2002
ASSESSMENT OF PANCREATIC NEOPLASMS REVIEW OF BIOPSY TECHNIQU	J GASTROINTEST SURG	06/01/2007
PERSPECTIVES OF THIRD-YEAR MEDICAL STUDENTS TOWARD THEIR SUR	J SURG RES	09/01/2007
PROGNOSTIC SIGNIFICANCE OF NEW ONSET ASCITES IN PATIENTS WIT	WORLD J SURG ONCOL	03/01/2006

### 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 not provided any national, state, local, county, or professional affiliations.