



RAHUL VINOD DESHMUKH

License Number: ME90643

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	09/01/2004
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

RAHUL VINOD DESHMUKH  
4268 OLDFIELD CROSSING DR  
STE 201  
JACKSONVILLE, FL 32223

### 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
ST. VINCENTS MEDICAL CENTER	JACKSONVILLE	FLORIDA
ST. LUKE'S HOSPITAL	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [credentialing@se-ortho.com](mailto:credentialing@se-ortho.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	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
HARVARD MED SCHOOL	MD	1/1/1993 - 1/1/1997	01/01/1997

## 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
MASSACHUSETTS GENERAL HOSPITAL	INTERNSHIP	GS - SURGERY		BOSTON	MASSACHUSETTS	07/01/1997	06/30/1998
HARVARD UNIVERSITY	RESIDENCY	ORTHOPEDICS				07/01/1998	06/30/2002
HARVARD UNIVERSITY	FELLOWSHIP		TRAUMA	BOSTON	MASSACHUSETTS	07/01/2002	12/31/2002
NEW ENGLAND BAPTIST HOSPITAL	FELLOWSHIP	ORS - ORTHOPAEDIC SPORTS MEDICINE		BOSTON	MASSACHUSETTS	02/01/2003	07/31/2003
NEW ENGLAND BAPTIST HOSPITAL	FELLOWSHIP	OTHER	JOINT REPLACEMENT/RECONSTRUCTION	BOSTON	MASSACHUSETTS	08/01/2003	04/30/2004

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

### 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 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

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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
01/18/2011	DUVAL	13-CA-007129	12/08/2016	\$250,000.00	\$0.00
01/18/2011	DUVAL		12/08/2016	\$250,000.00	\$250,000.00
01/18/2011	DUVAL	2013-CA-007129	12/08/2016	\$375,000.00	\$0.00

## 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
UNICOMPARTMENTAL KNEE ARTHROPLASTY:LONG-TERM RESULTS	CLINICAL ORTHOPEDICS AND RELATED RESEARCH	01/01/2001
PERIACETABULAR OSTEOTOMY:PRE-OPERATIVE RADIOGRAPHIC....	CLINICAL ORTHOPEDICS AND RELATED RESEARCH	01/01/2002
HYPERTENSION	PATHOPHYSIOLOGY OF HEART DISEASE	01/01/1998

### 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

FRENCH

MARATHI

HINDI

### Other Affiliations

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

Affiliation
ARTHROSCOPY ASSOCIATION OF NORTH AMERICA