



## MICHAEL SWARTZON

License Number: ME111089

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2009
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

MICHAEL SWARTZON  
1228 SOUTH PINE ISLAND ROAD  
SUITE 310  
PLANTATION, FL 33324

### 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
DOCTORS HOSPITAL	CORAL GABLES	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA

### Email Address

Please contact at: [MichaelSW@BaptistHealth.net](mailto:MichaelSW@BaptistHealth.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	PHYSICIAN
IOWA	PHYSICIAN

### 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
SACKLER SCHOOL OF MEDICINE	MD	9/1/2002 - 5/1/2007	05/21/2007

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
CORNELL UNIVERSITY	ITHACA	NEW YORK	08/01/1998	05/26/2002	BACHELOR OF ARTS

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
UNIVERSITY OF KANSAS	RESIDENCY	FP - FAMILY MEDICINE		KANSAS CITY	KANSAS	07/01/2009	06/01/2012
UNIVERSITY OF NEW MEXICO	FELLOWSHIP	FP - SPORTS MEDICINE		ALBUQUERQUE	NEW MEXICO	07/15/2012	07/15/2013

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
ASSOCIATE PROFESSOR	FLORIDA INTERNATIONAL UNIV. COLLEGE OF MEDICINE	MIAMI	FLORIDA
CLINICAL ASSISTANT PROFESSOR FOR PHARMACY	NOVA SOUTHEASTERN	DAVIE	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 FAMILY MEDICINE	FAMILY MEDICINE	

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

Proceedinas & 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](#).**

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:

Florida Academy of Family Physicians Board

Practice & Policy - American Medical Society for Sports Med

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
TOP PHYSICIAN MENTOR	KUMC
PROFESSIONALISM IN RESIDENCY NOMINEE	KUMC
OUTSTANDING PHYSICIAN VOLUNTEER	JAYDOC FREE CLINIC

### Publications

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

Title	Publication	Date
C-REACTIVE PROTEIN TO DISTINGUISH PNEUMONIA FROM ACUTE CHF	CLINICAL BIOCHEM	08/22/2009
TAKOTSUBO CARDIOMYOPATHY AND QT INTERVAL PROLONGATION	J ELECTROCARDIOLOGY	07/29/2009
INCREASED ERYTHROCYTE AGGREGATION IN MEN WITH CAD AND ED	INT J OF IMPOTENCE RESEARCH	05/21/2009
TREATMENT OF OSTEOCHONDritis DISSEANS OF THE ANKLE WITH HYA	FOOT ANKLE INTERNATIONAL	12/29/2008
ETHYLE-CHLORIDE AS AN ANTI-PRURITIC AGENT	DERMATOLOGY	11/22/2010
BILLING AND CODING IN SPORTS MEDICINE	CURR SPORTS MED REP	10/17/2018
HEADACHE IN ATHLETES	CURR SPORTS MED REPORTS	01/13/2014

### Professional Web Page

<https://baptisthealth.net/ortho>

### 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.

HEBREW

### Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN COLLEGE OF SPORTS MEDICINE
AMERICAN MEDICAL ASSOCIATION
AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE
NFL PHYSICIANS SOCIETY