# ARTHUR EDWARD PALAMARA MD

# License Number: ME34715

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1979
License Expiration 01/31/2026

Date

# General Information

# **Primary Practice Address**

ARTHUR EDWARD PALAMARA MD 2205 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024

#### 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
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD	FLORIDA
MEMORIAL HOSPITAL PEMBROKE	PEMBROKE PINES	FLORIDA
MEMORIAL HOSPITAL WEST	PEMBROKE PINES	FLORIDA

#### **Email Address**

Please contact at: aepal@bellsouth.net

#### Other State Licenses

This practitioner has not indicated any additional state licensures.

# 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
UNIV. DI ROMA -LA SAPIENZA CIT	MD		01/01/1971

#### **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
HARLEM HOSPITAL CENTER	INTERNSHIP	GS - SURGERY		HARLEM	NEW YORK	07/01/1972	06/30/1973
SAINT LUKES ROOSEVELT MEDICAL CENTER	RESIDENCY	PTH - PATHOLOGY- ANATOMIC AND CLINICAL		NEW YORK	NEW YORK	07/01/1973	06/30/1974
SAINT LUKES ROOSEVELT MEDICAL CENTER	RESIDENCY	GS - SURGERY		NEW YORK	NEW YORK	07/01/1974	06/30/1978
BAYLOR COLLEGE OF MEDICINE	FELLOWSHIF	OTHER	CARDIOVASCULAR SURGERY	HOUSTON	TEXAS	07/01/1978	06/30/1979

# **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
VOLUNTARY ASSOCIATE PROFESSOR OF SURGERY	UNIVERSITY OF MIAMI SCHOOL OF MEDICINI	E MIAMI	FLORIDA

# **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 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**

#### **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: PAST CHIEF OF SURGERY, MEMORIAL REGIONAL HOSPITAL FORMER VP FLORIDA MEDICAL ASSOCIATION FORMER PRESIDENT SFSOCIETY FOR VASCULAR SURGERY LEGISLATIVE CHAIR BCMA

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
LEADERSHIP AWARD	PALM BEACH MEDICAL SOCEITY
CERTIFICATE OF MERIT	FLORIDA MEDICAL ASSOCIATION
LIFETIME ACHIEVEMENT AWARD	FLORIDA MEDICAL BUSINESS
CERTIFICATE OF RECOGNITIONS	JOE DIMAGGIOS CHILDRENS HOSPITAL

#### **Publications**

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

Title	Publication	Date
COMPLICATIONS ENDOVASCULAR GRAFTS	JOURNAL OF VASCULAR SURGERY	11/15/2005

# **Professional Web Page**

This practitioner has not provided any professional web page information.

# **Languages Other Than English**

SOCIETY FOR VASCULAR SURGERY

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.

ITALIAN

#### **Other Affiliations**

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

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Affiliation	
BROWARD COUNTY MEDICAL ASSOCIATION	
FLORIDA MEDICAL ASSOCIATION	
FLORIDA VASCULAR SOCIETY	