Florida HEALTH Department of Health

SCOTT STEVEN KATZMAN

License Number: ME65564

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1989
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

SCOTT STEVEN KATZMAN
3355 BURNS RD.
SUITE 304
PALM BEACH GARDENS, FL 33410

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
	SANFORD	FLORIDA
JUPITER MEDICAL CENTER	PALM BEACH GARDENS	FLORIDA
MEADOWLANDS HOSPITAL MEDICAL CENTER	SECAUCUS	NEW JERSEY
ALTAMONTE SURGERY CENTER	ALTAMONTE SPRINGS	FLORIDA
MANALAPAN SURGERY CENTER	MANALAPAN	NEW JERSEY
MARKETSTREET SURGICAL CENTER	SADDLE BROOK	NEW JERSEY
MINE HILL SURGICAL CENTER	MINE HILL	NEW JERSEY
MOUNTAIN SURGERY CENTER	WEST ORANGE	NEW JERSEY

Email Address

Please contact at: **skspinedoctor@aol.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
NEW JERSEY	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR

State	Profession
PENNSYLVANIA	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
NEW JERSEY	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
GEORGIA	MEDICAL RECORD
MICHIGAN	MEDICAL DOCTOR

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
THOMAS JEFFERSON UNIVERSITY	MD	1/1/1985 - 1/1/1989	01/01/1989

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
UNIVERSITY OF CALIFORNIA	INTERNSHIP	GS - SURGERY		***	CALIFORNIA	07/01/1989	06/30/1990
UNIVERSITY OF ARIZONA	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		***	ARIZONA	07/01/1990	06/30/1994

Academic Appointments

Graduate Medical Education

This practitioner has not 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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC 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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	11/25/2019	OBLIGATION(S) SATISFIED	NO
FLORIDA DEPARTMENT OF HEALTH	06/25/2024	OBLIGATION(S) SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00
				$ 0.00	$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
MEDICAL BOARD OF OHIO	04/09/2024	REPRIMAND	NO
NEW YORK	09/26/2024	REPRIMAND	NO

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.

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
04/15/2014	MARTIN	42547128	09/07/2018	$225,000.00	$250,000.00
09/01/2015	HILLSBOROUGH	2017CA002795909	08/05/2022	$250,000.00	$250,000.00
05/19/2016	ST. LUCIE	18-CV-80986	09/21/2022	$250,000.00	$1,000,000.00
08/24/2015	ALACHUA	CACE-19-001851	08/10/2023	$250,000.00	$250,000.00
02/26/2015	OUT OF STATE	ESX-L-1000-17	01/30/2024	$190,000.00	$1,000,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
PALM BEACH MEDICAL SOCIETY

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
AMAUROSIS SECONDARY TO MASSIVE BLOOD LOSS AFTER LUMBAR	SPINE	08/01/1992
USE OF THE HERBERT SCREW FOR INTERPHALANGEAL JOINT ARTHROD	CLINICAL ORTHOPEDICS AND RELATED RESEARCH	
DETERMINING THE PROGNOSIS FOR LIMB SALVAGE IN MAJOR VASCUL	ORTHOPAEDIC REVIEW	01/01/1992
FAILED UNICOMPARTMENTAL KNEE ARTHROPLASTY AFTER AVASCULAR	CONTEMPORARY ORTHOPAEDICS	08/01/1992
DELAYED UNIONS & NONUNIONS IN OPEN TIBIA FRACTURES	CLINICAL ORTHOPAEDICS AND RELATED RESEARCH	
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Professional Web Page

www.getbackyourgo.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 ASSOCIATION OF ORTHOPEDIC SURGERY