



## STEVE ELLIOT MEADOWS M.D.

License Number: ME67441

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1992  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

STEVE ELLIOT MEADOWS M.D.  
4800 LINTON BLVD.  
BLDG. A-201  
DELRAY BEACH, FL 33445

### 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
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA
	BOCA RATON	FLORIDA
	BOYNTON BEACH	FLORIDA
PINECREST REHABILITATION HOSPITAL	DELRAY BEACH	FLORIDA
DELRAY AMBULATORY SURGICAL CENTER	DELRAY BEACH	FLORIDA

### Email Address

Please contact at: [sharp@southpalmorthopedics.com](mailto:sharp@southpalmorthopedics.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
WASHINGTON	MEDICAL
CALIFORNIA	MEDICAL
NEW YORK	MEDICAL
PENNSYLVANIA	MEDICAL

### 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
SUNY HEALTH SCIENCE CENTER AT	MD	9/1/1982 - 5/1/1986	05/01/1986
UNIVERSITY OF PENNSYLVANIA	BA		05/01/1982

## 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
NORTH SHORE UNIVERSITY HOSPITAL	INTERNSHIP	GS - SURGERY		***	NEW YORK	07/01/1986	06/30/1987
HOSPITAL FOR JOINT DISEASES-ORTHOPAEDIC INSTITUTE	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW YORK	NEW YORK	07/01/1987	06/30/1991
THOS JEFFERSON UNIVERSITY	FELLOWSHIP OTHER		HAND/UPPER EXTREMITY SURGERY	PHILADELPHIA	PENNSYLVANIA	08/01/1991	07/31/1992
HOSPITAL FOR JOINT DISEASES-ORTHOPAEDIC INSTITUTE	RESIDENCY	OTHER	CHIEF RESIDENT	NEW YORK	NEW YORK	07/01/1990	06/30/1991

# 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	
AMERICAN BOARD OF ORTHOPAEDIC SURGERY	ORS - HAND 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](#).**

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:  
Delray Medical Center Surgical Committee

### Professional or Community Service Awards

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

<b>Community Service/Award/Honor</b>	<b>Organization</b>
--------------------------------------	---------------------

PALM BEACH COUNTY TOP DOCTOR	CASTLE CONNOLLY
------------------------------	-----------------

## Publications

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

Title	Publication	Date
SYNOVIAL CHONDROMATOSIS IN THE RADIOCARPAL JOINT	AMERICAN JOURNAL OF ORTHOPEDICS	01/01/1995
THE MODIFIED INSALL-SALVATI RATION FOR ASSESSMENT OF PATEL	CLIN. ORTHOP	01/01/1992
POSTTRAUMATIC TIBIAL OSTEOMYELITIS: A COMPATISON OF THREE	ORTHOPEDICS	01/01/1992
TREATMENT OF THE CHRONIC BOUTONNIERE DEFORMITY BY EXTENSOR	HAND CLINICS	01/01/1995
POSTTRAUMATIC TIBIAL OSTEOMYELITIS.	BULL. HOSP. JOINT DIESASES	01/01/1993
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

## Professional Web Page

[www.southpalmorthopedics.com](http://www.southpalmorthopedics.com)

## Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

## Other Affiliations

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

Affiliation
-------------

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
--

AMERICAN SOCIETY FOR SURGERY OF THE HAND
--

FLORIDA MEDICAL ASSOCIATION
-----------------------------