



CORNELL OVERBEEKE MD

License Number: ME101983

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1995
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

CORNELL OVERBEEKE MD
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

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
TWIN LAKES REGIONAL MEDICAL CENTER	LEITCHFIELD	KENTUCKY
CASEY COUNTY HOSPITAL	LIBERTY	KENTUCKY
WESTLAKE REGIONAL HOSPITAL	COLUMBIA	KENTUCKY
TAYLOR REGIONAL HOSPITAL	CAMPBELLSVILLE	KENTUCKY
ATLANTA MEDICAL CENTER SOUTH CAMPUS	EAST POINT	GEORGIA
WASHINGTON ADVENTIST HOSPITAL	TAKOMA PARK	MARYLAND
SHANDS AT LAKE SHORE	LAKE CITY	FLORIDA
DONALSONVILLE HOSPITAL	DONALSONVILLE	GEORGIA
WOOSTER COMMUNITY HOSPITAL	WOOSTER	OHIO
HIGHLANDS REGIONAL MEDICAL CENTER	SEBRING	FLORIDA
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
BARNES KASSON HOSPITAL	SUSQUEHANNA	PENNSYLVANIA
EL CENTRO REGIONAL MEDICAL CENTER	EL CENTRO	CALIFORNIA
HI-DESERT MEDICAL CENTER	JOSHUA TREE	CALIFORNIA
ADVENTIST MEDICAL CENTER-HANFORD	HANFORD	CALIFORNIA
LAKE BUTLER HOSPITAL	LAKE BUTLER	FLORIDA
LIMA MEMORIAL HEALTH SYSTEM	LIMA	OHIO
MCLAREN CENTRAL MICHIGAN	MOUNT PLEASANT	MICHIGAN
NEW HORIZONS HEALTH SYSTEMS, INC.	OWENTON	KENTUCKY

Email Address

Please contact at: cornell.overbeeke@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ILLINOIS	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
MARYLAND	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
IOWA	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
UNIVERSITY OF CHICAGO	MD	8/1/1991 - 6/11/1995	06/11/1995

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
VASSAR COLLEGE	POUGHKEEPSIE	NEW YORK	09/01/1983	06/30/1987	BA - HEALTH SCIENCE

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
ILLINOIS MASONIC MEDICAL CENTER	RESIDENCY	DR - RADIOLOGY		CHIAGO	ILLINOIS	07/01/1995	06/30/1999
RUSH PRESBYTERIAN ST LUKE MEDICAL CENTER	FELLOWSHIP	DR - NEURORADIOLOGY		CHICAGO	ILLINOIS	07/01/1999	06/30/2000
RUSH PRESBYTERIAN ST LUKES MEDICAL	FELLOWSHIP	DR - VASCULAR AND INTERVENTIONAL RADIOLO		CHICAGO	ILLINOIS	07/01/2000	06/30/2001

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner currently holds faculty appointments at the following 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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	

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 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 not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

This practitioner has not provided any professional web page information.

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 not provided any national, state, local, county, or professional affiliations.
