



## COSMIN DOBRESCU

License Number: ME120059

Profession Medical Doctor  
License Status DELINQUENT/  
Year Began Practicing 01/01/2002  
License Expiration 01/31/2024  
Date

## General Information

### Primary Practice Address

COSMIN DOBRESCU  
4926 SOUTH VINCENNES  
AVE 2  
CHICAGO, IL 60615

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [dobrescu@hotmail.com](mailto:dobrescu@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
SOUTH DAKOTA	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
IOWA	MEDICAL DOCTOR
MINNESOTA	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
NEW HAMPSHIRE	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
IOWA	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR

State	Profession
NEBRASKA	MEDICAL DOCTOR - LOCUM TENENS
NEBRASKA	MEDICAL DOCTOR - LOCUM TENENS
ALASKA	PHYSICIAN TEMPORARY PERMIT

## 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 not submitted payment or is exempt from paying assessment.

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE	MD	8/1/1997 - 5/30/2002	05/24/2002
NORTHWESTERN UNIVERSITY	BA	7/1/1994 - 6/30/1997	06/20/1997

### 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
BAYLOR COLLEGE OF MEDICINE	RESIDENCY	GS - SURGERY		HOUSTON	TEXAS	06/01/2002	06/30/2004
UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS	RESIDENCY	GS - SURGERY		MADISON	WISCONSIN	06/01/2004	06/30/2007
UNIVERSITY OF MICHIGAN CS MOTT CHILDREN'S HOSPITAL	RESIDENCY	CARDIAC SURGERY		ANN ARBOR	MICHIGAN	07/01/2007	06/30/2009
UNIVERSITY OF CALIFORNIA LOS ANGELES	RESIDENCY	CARDIAC SURGERY		LOS ANGELES	CALIFORNIA	07/01/2012	06/30/2013
UCLA RONALD REAGAN HOSPITAL	FELLOWSHIP	TS - THORACIC SURGERY		LOS ANGELES	CALIFORNIA	07/01/2012	06/30/2013
UNIVERSITY OF PENNSYLVANIA	FELLOWSHIP	OTHER	AORTIC SURGERY	PHILADELPHIA	PENNSYLVANIA	04/01/2009	09/30/2009
ARIZONA HEALTH INSTITUTE	FELLOWSHIP	OTHER	ENDOVASCULAR SURGERY	PHOENIX	ARIZONA	10/01/2009	12/31/2009

## Academic Appointments

## Graduate Medical Education

This practitioner has 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 SURGERY	GS - SURGERY	09/26/2007
AMERICAN BOARD OF THORACIC SURGERY	TS - THORACIC SURGERY	06/11/2010

# 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 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
LOUISIANA STATE BOARD OF MEDICAL EXAMINERS	07/10/2023	SUMMARY SUSPENSION	NO
NEW YORK STATE BOARD FOR MEDICINE	10/26/2023	TEMPORARY SUSPENSION	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.  
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 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 not provided any national, state, local, county, or professional affiliations.