



WILLIAM ANDREW HEYMANN

License Number: ME123025

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/2011
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

WILLIAM ANDREW HEYMANN
403 E. MACEWEN DRIVE
OSPREY, FL 34229

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
AGAPE CLINIC	DALLAS	TEXAS
HOLY CROSS HOSPITAL	METHUEN	MASSACHUSETTS
PHOEBE PUTNEY MEMORIAL HOSPITAL	ALBANY	GEORGIA
HCA HOUSTON HEALTHCARE CONROE	CONROE	TEXAS

Email Address

Please contact at: w.andrew.heyman@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
MASSACHUSETTS	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 TEXAS MEDICAL SCHOOL AT SAN ANTONIO	MD	7/1/2007 - 6/30/2011	06/30/2011
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT SAN ANTONIO	MASTERS DE	7/1/2007 - 6/30/2011	06/30/2011
EMORY UNIVERSITY	BACHELOR D	7/1/2003 - 6/30/2007	06/30/2007

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE	LONDON, ENGLAND	UNITED KINGDOM	01/05/2015	04/01/2015	

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
METHODIST DALLAS MEDICAL CENTER INTERNAL MEDICINE RESIDENCY	RESIDENCY	IM - INTERNAL MEDICINE		DALLAS	TEXAS	07/01/2011	06/30/2014

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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ADJUNCT PROFESSOR	MEDICAL COLLEGE OF GEORGIA	AUGUSTA	GEORGIA

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

Financial Responsibility

Financial Responsibility

Financial Exemption

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

Title	Publication	Date
DEMOGRAPHICS, COMORBIDITIES AND OUTCOMES IN HOSPITALIZED COVID-19 PATIENTS IN RURAL SOUTHWEST GEORGIA	ANNALS OF MEDICINE	07/13/2020

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

Affiliation
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
CHRISTIAN MEDICAL AND DENTAL ASSOCIATION
DOCARE
WORLDWIDE AS ONE