#### **JOSE ANDRADE**

#### License Number: ME49328

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2026

Date

# General Information

## **Primary Practice Address**

JOSE ANDRADE 5412 CURRY FORD RD ORLANDO, FL 32812

#### 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
ADVENT HEALTH WINTER PARK, FL.	ORLANDO	FLORIDA
ORLANDO REGIONAL HEALTHCARE SYSTEM	ORLANDO	FLORIDA

#### **Email Address**

Please contact at: daisyv@andrademd.hcpsecure.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	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
UNIVERSIDAD CENTRAL DEL ESTE	MD	3/1/1977 - 8/30/1980	08/30/1980

## **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
UNIVERSITY OF MIAMI	MIAMI	FLORIDA	01/01/1999	06/01/1999	

# **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
UMDNJ-UNIV HOSP	INTERNSHIP	PTH - PATHOLOGY- ANATOMIC AND CLINICAL		***	NEW JERSEY	07/01/1981	06/30/1982
INTERFAITH MEDICAL CENTER	RESIDENCY	PD - PEDIATRICS		***	NEW YORK	07/01/1982	06/30/1983
MONMOUTH MEDICAL CENTER	RESIDENCY	PD - PEDIATRICS		***	NEW YORK	07/01/1983	06/30/1985
WAYNE STATE UNIVERSITY	FELLOWSHIP	AI - ALLERGY AND IMMUNOLOGY		DETROIT	MICHIGAN	07/01/1985	06/30/1986
EMORY UNIVERSITY HOSPITAL	FELLOWSHIP	PD - PEDIATRIC RHEUMATOLOGY		ATLANTA	GEORGIA	07/01/1986	06/30/1987
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE	FELLOWSHIP	AI - ALLERGY AND IMMUNOLOGY		TAMPA	FLORIDA	07/01/1993	06/30/1995

# **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 ALLERGY AND IMMUNOLOGY	AI - ALLERGY AND IMMUNOLOGY	08/09/2099

# 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: American Academy of Allergy Asthma Immunology American College of Allergy Asthma & Immunology

# **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
CONTRIBUTOR QUESTION	PEDIATRIC RHEUMATOLOGY BOARD
MEDICAL EXPERT WITNESS PROGRAM	FLORIDA AHCA
CMS/HRS	FLORIDA CONSULTANT

#### **Publications**

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

Title	Publication	Date	
MONOGRAPH ON INSECT ALLERGY	AMERICAN ACADEMY OF ALLERGY IMMUNOLOGY	01/01/1995	

# **Professional Web Page**

www.andrademd.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:

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Affiliation	
AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY	
AMERICAN COLLE OF ALLERGY, ASTHMA AND IMMUNOLOGY	
FLORIDA ALLERGY,ASTHMA AND IMMUNOLOGY	