



## ANDRE MICHAEL BROOKS

License Number: ME59444

Profession Medical Doctor  
License Status Obligations/Active  
Year Began Practicing 01/01/1981  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

ANDRE MICHAEL BROOKS  
10091 CORTEZ BLVD  
WEEKI WACHEE, FL 34613

### 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
OAK HILL HOSPITAL	SPRING HILL	FLORIDA
BROOKSVILLE REGIONAL HOSPITAL	BROOKSVILLE	FLORIDA

### Email Address

Please contact at: [heartofcc2@gmail.com](mailto:heartofcc2@gmail.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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
UNIV. AUTONOMA DE GUADALAJARA	MD	1/1/1977 - 1/1/1981	01/01/1981

## 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	State or City	Country	Dates Attended From	Dates Attended To
BROOKDALE UNIVERSITY HOSP	INTERNSHIP	IM - INTERNAL MEDICINE		NY	NEW YORK	07/01/1982	06/30/1983
SUNY BUFFALO		OTHER	CARDIOLOGY		NEW YORK	07/01/1985	06/30/1985
SUNY AT BUFFALO	FELLOWSHIP	OTHER	CARDIOLOGY	NY	NEW YORK	07/01/1986	06/30/1989

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

### 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

## 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
RECKLESS DRIVING	03/01/1999	HILLSBOROUGH COUNTY	NO	NOT CORROBORATED	

### 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	12/22/2021	SUSPENSION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
RESTRICTION	12/22/2021			\$ 0.00	\$ 0.00
COSTS	12/22/2021	2/21/2022	1/18/2022	\$ 4,781.86	\$ 4,781.86
FINE	12/22/2021	2/21/2022	1/18/2022	\$ 15,000.00	\$ 15,000.00
CE: LAWS AND RULES COURSE	12/12/2020	12/21/2022	12/12/2020	\$ 0.00	\$ 0.00
CE: CONTINUING MEDICAL EDUCAT	4/23/2022	12/21/2022	4/23/2022	\$ 0.00	\$ 0.00
CE: ETHICS	4/22/2022	12/21/2022	4/22/2022	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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
NEW YORK STATE DEPARTMENT OF HEALTH	11/24/2023	REPRIMAND	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.

### 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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
12/12/2014			08/15/2016	\$142,500.00	\$0.00
12/12/2014	HERNANDO	5TH JUDICIAL CI	08/30/2016	\$142,500.00	\$1,000,000.00
08/04/2022			08/04/2022	\$380,000.00	\$0.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:  
SPRING HILL REGIONAL EXECUTIVE MED. BOARD

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
HERNANDO DOCTORS CLINIC PHYSICIAN	AMA/FL. MED. ASSN./AMER. COLL. OF CARDIOLOGY

### Publications

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

Title	Publication	Date
PHASIC VOLUMETRIC CORONARY VENOUS OUTFLOW PATTERNS	PHYSIOLOGY	01/01/1990

### 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.