



## ADEL MABROUK MOHI ELDIN

License Number: ME64865

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1998
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

ADEL MABROUK MOHI ELDIN  
2204 ASHLEY OAKS CIRCLE  
SUITE 102  
WESLEY CHAPEL, FL 33544

### 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	BROOKSVILLE	FLORIDA
COLUMBIA REGIONAL MEDICAL CENTER AT BAYON	HUDSON	FLORIDA

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICAL DOCTOR
CONNECTICUT	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 CAIRO	MD	9/1/1980 - 5/1/1987	05/01/1987

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
CAIRO UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE	SURGERY	CAIRO	EGYPT	03/01/1987	02/28/1988
JERSEY SHORE MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		NEPTUNE	NEW JERSEY	01/01/1991	01/01/1992
UNIVERSITY OF CONNECTICUT HEALTH CENTER	RESIDENCY	IM - INTERNAL MEDICINE		FARRINGTON	CONNECTICUT	01/01/1992	01/01/1994
HARTFORD HOSPITAL/UNIVERSITY OF CONNECTICUT	FELLOWSHIP	OTHER	INTERVENTIONAL CARDIOLOGY	HARTFORD	CONNECTICUT	01/01/1994	01/01/1995
WINTHROP UNIVERSITY HOSPITAL	FELLOWSHIP	OTHER	INTERVENTIONAL CARDIOLOGY	MINEOLA	NEW YORK	01/01/1995	01/01/1998

Academic Appointments

Graduate Medical Education

This practitioner has 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
INSTRUCTOR OF MEDICINE	STATE UNIV OF NEW YORK AT STONY BROOK, S	STONY BROOK	NEW YORK

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

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:  
HEALTH CARE ADVISORY BOARD HERNANDO COUNTY

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CERTIFICATE OF SURGICAL FROM AMERICAN HEART ASSOC	AMERICAN HEART ASSOC
HEALTHY HEARTS OF HERNANDO	AMERICAN COLLEGE OF CARDIOLOGY

Publications

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

Title	Publication	Date
LOCAL DRUG DELIVERY SYSTEM:IN-VITRO, IN-VIVO, & CLINICAL	CIRCULATION	01/01/1995
PRIMARY ANGIOPLASTY USING A UROKINASE-COATED HYDROGEDL BAL		01/01/1995
CORRELATION OF LEFT VENTRICULAR FUNCTION BY GATED SPECT...	JOURNAL OF NUCLEAR MEDICINE	

Professional Web Page

www.brooksvillecardiology.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.

- ARABIC
- GERMAN
- SPANISH

Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN COLLEGE OF CARDIOLOGY
AMERICAN COLLEGE OF CARDIOLOGYPOLIICAL ACTDOVASCULAR SURGERY
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN HEART ASSOCIATION:CLINICAL COUNCIL MEMBER
AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY
ASSOCIATION OF BLACK CARDIOLOGISTS
HEALTH CARE ADVISORY BOARD MEMBER