# **ANDREAS TZAKIS**

# License Number: ME70382

Profession Medical Doctor
License Status Null And Void/
Year Began Practicing Not Provided
License Expiration 01/31/2023

Date

# General Information

# **Primary Practice Address**

ANDREAS TZAKIS 9500 EUCLID AVENUE DESK A100 CLEVELAND, OH 44195

#### **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
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
MIAMI VA CLINIC	MIAMI	FLORIDA
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FT LAUDERDALE	FLORIDA

#### **Email Address**

Please contact at: agt22750@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	MEDICAL
NEW YORK	MEDICAL
PENNSYLVANIA	MEDICAL
OHIO	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 not indicated whether 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 ATHENS	MDD	1/1/1968 - 1/1/1974	01/01/1974

# **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	'	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
MOUNT SINAI MEDICAL CENTER	INTERNSHIP	GS - SURGERY		***	NEW YORK	07/01/1977	06/30/1978
MOUNT SINAI MEDICAL CENTER	RESIDENCY	GS - SURGERY		***	NEW YORK	07/01/1978	06/30/1979
UNIVERSITY HOSPITAL AT SUNY STONE	RESIDENCY	GS - SURGERY		***	NEW YORK	07/01/1979	06/30/1982
UNIVERSITY HOSPITAL AT SUNY STONE	RESIDENCY	OTHER	CHIEF RESIDENT IN SURGERY	STONY BROOK	NEW YORK	07/01/1982	06/30/1983
UNIVERSITY OF PITTSBURGH	FELLOWSHIP	OTHER	TRANSPLANTATION	PITTSBURGH	PENNSYLVANIA	07/01/1983	06/30/1985

# **Academic Appointments**

## **Graduate Medical Education**

The practitioner did not provide this mandatory information.

#### **Academic Appointments**

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

Title	Institution	City	State
PROFESSOR OF SURGERY	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

# **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	

# 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**

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#### **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: THE TRANSPLANTATION SOCIETY

AMERICAN SOCIETY OF TRANSPLANT SURGEONS

# **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
ORTHOTOPIC LIVER TRANSPLANTATION WITH PRESERVATION OF THE IN	ANNALS OF SURGERY	02/10/1989
PANCREATIC ISLET TRANSPLANTATION AFTER UPPER ABDOMINAL EXENT	LANCET	04/05/1990
TRANSPLANTATION OF THE ABDOMINAL WALL	LANCET	10/20/2003
PRELIMINARY EXPERIENCE WITH ALEMTUZUMAB CAMPATH-1H	TRANSPLANTATION	08/28/2004
ONE HUNDRED MULTIVISCERAL TRANSPLANTS AT A SINGLE CENTER	ANNALS OF SURGERY	10/19/2005

# **Professional Web Page**

www.transplantfla@ccf.org

# **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

GREEK

FRENCH

**JAPANESE** 

HAITIAN

#### Other Affiliations

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

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Affiliation
ACADEMY OF SURGICAL RESEARCH
AMERICAN COLLEGE OF SURGEONS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF TRANSPLANT SURGEONS
ASSOCIATION FOR ACADEMIC SURGERY
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LIVER DISEASES
INTERNATIONAL PEDIATRIC TRANSPLANT ASSOCIATION, INC
SOCIETY OF UNIVERSITY SURGEONS
THE TRANSPLANTATION SOCIETY