



## DAVID C BROWN MD

License Number: ME11076

Profession	Medical Doctor
License Status	Deceased/
Year Began Practicing	01/01/1972
License Expiration Date	01/31/2024

## General Information

### Primary Practice Address

DAVID C BROWN MD  
4101 EVANS AVENUE  
FORT MYERS, FL 33901

### 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
LEE MEMORIAL HOSPITAL	FORT MYERS	FLORIDA
SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER	FORT MYERS	FLORIDA
SURGICARE CENTER	FORT MYERS	FLORIDA

### Email Address

Please contact at: [david.brown@ecof.com](mailto:david.brown@ecof.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MD

### 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 FLORIDA	MD		01/01/1963

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
MEMORIAL MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		***	GEORGIA	07/01/1963	06/30/1964
SHANDS HOSPITAL AT UF	RESIDENCY	OPH - OPHTHALMOLOGY		GAINESVILLE	FLORIDA	07/01/1966	06/30/1969

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
CLINICAL ASSISTANT PROFESSOR OF OPHTHALMOLOGY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 OPHTHALMOLOGY	OPH - OPHTHALMOLOGY	

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](#).

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
05/01/2013	LEE	15-CA-001046	02/25/2016	\$262,500.00	\$1,000,000.00
06/21/2018	LEE		06/11/2020	\$200,000.00	\$1,000,000.00

**Optional Information**

**Committees/Memberships**

This practitioner has an affiliation with the following committees:

INTERNATIONAL INTRAOCULAR IMPLANT CLUB  
EDITORIAL BOARD/OPHTHAMOLOGY MANAGEMENT  
ADVISORY BOARD VISUALLY IMPAIRED PERSONS  
SCIENTIFIC ADVISORY BOARD/SUNRISE TECHNOLOGY

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
BEST DOCTORS IN AMERICA	WOODWARD/WHITE
BOARD OF DIRECTORS	AMERICAN BOARD OF EYE SURGEONS
HALL OF FAME	JUNIOR ACHIEVEMENT

**Publications**

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

Title	Publication	Date
PHACO FLIP OPERATIVE TECHNIQUE IN CATARACT & REFRACTIVE	W B SAUNDERS	01/01/1998
HOW TO REDUCE YOUR SURGICAL TIME	REVIEW OF OPHTHALMOLOGY	04/01/1998
WORKING WITH THE IMPLANTABLE CONTACT LENS	OPHTHALMOLOGY TIMES	06/01/1998

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.

FRENCH  
SPANISH  
GERMAN

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF OPHTHALMOLOGY
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF CATARACT & REFRACTIVE SURGEONS
LEE COUNTY MEDICAL SOCIETY