



ANDREW BRUCE CAMPBELL

License Number: ME97339

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

General Information

Primary Practice Address

ANDREW BRUCE CAMPBELL
1610 NE 1 STREET
#10
FT LAUDERDALE, FL 33301

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
CALHOUN LIBERTY HOSPITAL	BLOUNTSTOWN	FLORIDA
KINDRED HOSPITAL	RMIERA BEACH	FLORIDA
KINDRED HOSPITAL	FORT LAUDERDALE	FLORIDA
KINDRED HOSPITAL	MELBOURNE	FLORIDA
HELEN ELLIS MEMORIAL HOSPITAL	TARPON SPRINGS	FLORIDA

Email Address

Please contact at: abcampbellabc@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARKANSAS	MD
ARIZONA	MD
CALIFORNIA	MD
CONNECTICUT	MD
DISTRICT OF COLUMBIA	MD
DELAWARE	MD
FLORIDA	MD
ILLINOIS	MD
INDIANA	MD
KENTUCKY	MD
MASSACHUSETTS	MD
MARYLAND	MD

State	Profession
MICHIGAN	MD
MINNESOTA	MD
MISSOURI	MD
MISSISSIPPI	MD
NEBRASKA	MD
NEW JERSEY	MD
NEW MEXICO	MD
NEW YORK	MD
OHIO	MD
PENNSYLVANIA	MD
SOUTH DAKOTA	MD
TENNESSEE	MEDICAL
TEXAS	MD
VERMONT	MD
WYOMING	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 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
CORNELL UNIVERSITY MEDICAL COLLEGE	MD	9/7/1976 - 5/16/1980	05/20/1980

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
RENSSELAER POLYTECHNIC INSTITUTE	TROY	NEW YORK	09/01/1972	05/01/1976	BS - BACHELOR OF SCIENCE

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
CHILDREN'S HOSPITAL MEDICAL CENTER	INTERNSHIP	PD - PEDIATRICS		OAKLAND	CALIFORNIA	07/01/1980	06/30/1981
CHILDREN'S HOSPITAL MEDICAL CENTER	RESIDENCY	PD - PEDIATRICS		OAKLAND	CALIFORNIA	07/01/1981	06/30/1983
STATE UNIVERSITY OF NEW YORK AT STONY BROOK	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		STONY BROOK	NEW YORK	07/01/1987	06/30/1991
THE CHILDREN'S HOSPITAL AT PHILADELPHIA	FELLOWSHIP	DR - PEDIATRIC RADIOLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/1991	06/30/1993

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

The practitioner did not provide this mandatory information.

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 PEDIATRICS	PD - PEDIATRICS	05/01/1986
AMERICAN BOARD OF RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	11/01/1998
AMERICAN BOARD OF RADIOLOGY	DR - PEDIATRIC RADIOLOGY	

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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 not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.
