# ANDREW M GELLADY

# License Number: ME26499

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/1973License Expiration01/31/2026DateDate

# **General Information**

# **Primary Practice Address**

ANDREW M GELLADY 2044 TRINITY OAKS BLVD SUITE 235 NEW PORT RICHEY, FL 34655

## 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
COMMUNITY HOSPITAL OF NEW PORT RICHEY	NEW PT RICHEY	FLORIDA

# **Email Address**

Please contact at: taylor@psmgfl.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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK MED COLL, VALHALLA NY	MD	1/1/1966 - 1/1/1970	01/01/1970
NEW YORK MED COLL, VAHLLA NY	MD		01/01/1970

# **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
CHILDREN'S MEMORIAL MEDICAL CENTER	INTERNSHIP	PD - PEDIATRICS			ILLINOIS	07/01/1970	06/30/1971
CHILDREN'S MEMORIAL MEDICAL CENTER	RESIDENCY	PD - PEDIATRICS			ILLINOIS	07/01/1971	06/30/1973
SHANDS HOSPITAL AT THE UNIVERSITY OF FLORIDA	FELLOWSHIP	IM - INFECTIOUS DISEASE		GAINESVILLE	FLORIDA	08/01/1975	06/30/1977

# 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
CLINICAL PROFESSOR OF PEDIATRICS	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA

# **Specialty Certification**

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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	
AMERICAN BOARD OF PEDIATRICS	IM - INFECTIOUS 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**

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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: CHAIRMAN DEPT OF PEDIATRICS/COMMUNITY HOSPITAL CHIEF OF MEDICINE:COLUMBIA/NEW PORT RICHEY HOSPITAL/NEW PO PRESIDENT:FLORIDA PEDIATRIC ALUMNI ASSOCIATION (1983-1984) VICE CHIEF OF STAFF:COLUMBIA/NEW PORT RICHEY HOSPITAL/NEW PHYSICIANS COSULTANT/ALL CHILDRENTS HOSPITAL/ST.PETERSBURG

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
CORET MANUS SERVICE AWARD	NEW YORK MEDICAL COLLEGE
MEDICAL DIRECTOR	PASCO COUNTY CHILD PROTECTION TERM
ROCHE AWARD OUTSTANDING MEDICAL STUDENT	PASCO OCOUNTY MEDICAL SOCIETY

### **Publications**

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

Title	Publication	Date
PERIORBITAL AND ORBITAL CELLULITIS IN CHILDREN	PEDIATRICS	01/01/1978
INTERNTIONAL POISONING OF TWO SIBLINGS WITH PRESCRIPTIONS	CLINICAL PEDIATRICS	01/01/1978
DEFIECIENCY COMPLICATING DIABETIC KETOCIDOSIS	JOURNAL OF PEDIATRICS	06/01/1972
HEMOGLOBIN S-J CO-EXISTING IN THE SAME FAMILY	PEDIATRICS	01/01/1978

#### **Professional Web Page**

WWW.FMCOFNPR.COM

### 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 provided the following national, state, local, county, and professional affiliations:

#### Affiliation

FELLOW, AMERICAN ACADEMY OF PEDIATRICS

FLORIDA MEDICAL ASSOCIATION

FLORIDA PEDIATRIC ALUMNI