



BRIAN W HUMMEL

License Number: ME46159

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1985
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

BRIAN W HUMMEL
15872 SILVERADO COURT
FORT MYERS, FL 33908

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-HEALTHPARK	FORT MYERS	FLORIDA
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
GULF COAST HOSPITAL	FORT MYERS	FLORIDA
CAPE CORAL HOSPITAL	CAPE CORAL	FLORIDA

Email Address

Please contact at: 1bwhummel@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MEDICAL DOCTOR
IOWA	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
UNIV OF IA COLL OF MED, IOWA C	MD	1/1/1973 - 1/1/1977	01/01/1977

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	State or City Country	Dates Attended From	Dates Attended To
DALLAS CO HP-PARKLA	INTERNSHIP	GS - SURGERY		TEXAS	07/01/1977	06/30/1978
U TX SW MED CTR AFF	RESIDENCY	GS - SURGERY		TEXAS	07/01/1978	06/30/1980
UNIV IOWA HOSPS & C	FELLOWSHIP	TS - THORACIC SURGERY		IOWA	07/01/1983	12/31/1985

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

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	
AMERICAN ASSOCIATION FOR THORACIC SURGER	TS - THORACIC SURGERY	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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:
PRESIDENT ELECT, FLORIDA SOCIETY OF CARDIOVASCULAR AND THORACIC SURGERY
BOARD OF GOVERNORS, FLORIDA SOCIETY OF CARDIOVASCULAR AND THORACIC SURGERY
TRUSTEE, COLUMBIA REGIONAL MEDICAL CENTER-SOUTHWEST FL

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
STUDENT ONCOLOGY FELLOWSHIP	UNIVERSITY OF IOWA
GRANT IN AID MYOCARDIAL BLOOD FLOW IN ACUTE AORTIC	AMERICAN HEART ASSOCIATION-TEXAS AFFILIATION
CO-RESIPIENT OF "CONRAD JOBST AWARD FOR OUTSTANDING CONTRI	CONTRIBUTIONS IN VASULAR RESEARCH

Publications

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

Title	Publication	Date
TOWARD FURTHER REDUCING WOUND INFECTIONS IN CARDIAC OPERAT	ANNALS OF THORACIC SURGERY	01/01/1996

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

Affiliation
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN COLLEGE OF SURGEONS
THE SOCIETY OF THORACIC SURGEONS