## **ROBERT HENRY MILLS**

## License Number: ME66860

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/1994License Expiration01/31/2026DateDate

# **General Information**

## **Primary Practice Address**

ROBERT HENRY MILLS 5597 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33334

## Medicaid

This practitioner does NOT participate in the Medicaid program.

## **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
HOLY CROSS HOSPITAL, INC.	FT. LAUDERDALE	FLORIDA

## **Email Address**

Please contact at: robert.mills@holy-cross.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 is exempt from paying assessment.

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
TEMPLE UNIVERSITY	MD	8/1/1984 - 6/1/1988	06/01/1988

## **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
TEMPLE UNIVERSITY HOSPITAL	INTERNSHIP	GS - SURGERY		PHILADELPHIA	PENNSYLVANIA	01/01/1988	01/01/1989
TEMPLE UNIVERSITY HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		PHILADELPHIA	PENNSYLVANIA	01/01/1989	01/01/1993
JEFFERSON UNIVERSITY HOSPITAL	FELLOWSHIF	OTHER	FOOT AND ANKLE SURGERY	PHILADELPHIA	PENNSYLVANIA	01/01/1993	01/01/1994

## 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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC 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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

**View Board Actions** 

#### 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: EXECUTIVE COUNCIL, TEMPLE UNIVERSITY SCHOOL OF MEDICINE ALUMNI BOARD OF TRUSTEES, TEMPLE UNIVERSITY SCH OF MEDICIN STUDENT NATIONAL MED ASSO, DEAN OF STUDENT SELECTION TASK NORTH RIDGE WOUND CARE & LIMB PRESERVATION CENTER NORTH RIDGE HOSPITAL INSTITUTIONAL REVIEW BOARD

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

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

Community Service/Award/Honor

Organization

OUTSTANDING AFRO-AMERICAN MEDICAL STUDENT AWARD-1986

Community Service/Award/Honor	Organization		
NATIONAL HONOR SOCIETY-1977			
COMMUNITY SERVICE AWARD-1986			
PRESIDENT-CLASS OF 1988	TEMPLE UNIVERSITY MEDICAL SCHOOL(1984-1987)		
Publications			
This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:			
Title	Publication	Date	
COMPLICATIONS OF LESSER TOE SURGE	RY		
RECONSTRUCTION OF NEGLECTED ACHIL	LES TENDON ORTHOPEDIC CLINICS OF NORTH AMERICA	01/01/1995	

## **Professional Web Page**

INJURY

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 ORTHOPEDIC FOOT AND ANKLE SOCIETY
BROWARD COUNTY MEDICAL ASSOCIATION
BROWARD ORTHOPEDIC SOCIETY
DIPLOMATE, AMERICAN ACADEMY OF ORTHOPEDIC SURGERY
FLORIDA MEDICAL ASSOCIATION
FLORIDA ORTHOPEDIC SOCIETY
FT LAUDERDALE SURGICAL SOCIETY
MEDICAL SOCIETY OF EASTERN PENNSYLVANIA
PHILADELPHIA ORTHOPEDIC SOCIETY
SOUTHERN MEDICAL ASSOCIATION