



## ANDREW PETER KONTOS MD

License Number: ME96589

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2000
License Expiration Date	01/31/2027

## General Information

### Primary Practice Address

ANDREW PETER KONTOS MD  
3507 LEE BLVD, SUITE 107  
SUITE 107  
LEHIGH ACRES, FL 33971

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [akontos@idmsfl.com](mailto:akontos@idmsfl.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	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
WAYNE STATE UNIVERSITY	MD		06/06/2000

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
UNIVERSITY OF MICHIGAN	ANN ARBOR	MICHIGAN	09/01/1990	12/31/1993	BS - BACHELOR OF SCIENCE
WAYNE STATE UNIVERSITY	DETROIT	MICHIGAN	09/01/1994	12/31/1996	MS BIOMEDICAL SCIENCES

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
WILLIAM BEAUMONT HOSPITAL	INTERNSHIP	OTHER	TRANSITIONAL MEDICINE	ROYAL OAK	MICHIGAN	07/01/2000	06/30/2001
HENRY FORD HOSPITAL	FELLOWSHIP	D - DERMATOLOGY	PHOTOTHERAPY AND CLINICAL STUDIES	DETROIT	MICHIGAN	07/01/2001	06/30/2002
HENRY FORD HOSPITAL	FELLOWSHIP	D - DERMATOLOGY	EPIDERMOLYSIS BULLOSA	DETROIT	MICHIGAN	07/01/2002	06/30/2006
HENRY FORD HOSPITAL	RESIDENCY	D - DERMATOLOGY		DETROIT	MICHIGAN	07/01/2003	06/30/2006
CENTER FOR DERMATOLOGY AND SKIN CANCER SURGERY	FELLOWSHIP	D - DERMATOLOGY	MOHS MICROGRAPHIC SURGERY	TAMPA	FLORIDA	07/01/2006	06/30/2007

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

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 DERMATOLOGY	D - DERMATOLOGY	

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

Title	Publication	Date
CONGENITAL ERYTHROPOIETIC PORPHYRIA ASSOCIATED WITH MYELODYS	BRITISH JOURNAL OF DERMATOLOGY	01/01/2003
AN OPEN-LABEL STUDY OF TOPICAL TACROLIMUS OINTMENT 0.1 UNDE	INTERNATIONAL JOURNAL OF DERMATOLOGY	11/01/2006
USE OF PURSE-STRING SUTURE TECHNIQUE IN CLOSURE OF FLESH TUN	DERMATOLOGIC SURGERY	08/01/2006
308-NM EXCIMER LASER FOR THE TREATMENT OF LYMPHOMATOID PAPUL	PHOTODERMATOLOGY PHOTOIMMUNOLOGY PHOTOMEDICINE	02/01/2006
IMMUNOGLOBULIN M PREDOMINANCE IN CUTANEOUS LUPUS ERYTHEMATOS	JOURNAL OF CUTANEOUS PATHOLOGY	05/01/2005
PHOTOTHERAPY FOR THE TREATMENT OF CTCL MF	MFF FORUM	10/01/2004
POLYMORPHOUS LIGHT ERUPTION IN AFRICAN-AMERICANS PINPOINT P	PHOTODERMATOLOGY PHOTOIMMUNOLOGY PHOTOMEDICINE	03/01/2002

Professional Web Page

www.idermandmohs.com

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.

GREEK  
SPANISH

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF DERMATOLOGY
AMERICAN BOARD OF DERMATOLOGY
AMERICAN COLLEGE OF MOHS SURGERY
AMERICAN CONTACT DERMATITIS SOCIETY
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY
COLLIER COUNTY MEDICAL SOCIETY
LEE COUNTY MEDICAL SOCIETY