



Practitioner Profile

Printer Friendly Version

KIRK WARREN BRODY

License Number: ME147686

Profession

Medical Doctor

License Status

CLEAR/ACTIVE

Year Began Practicing

Not Provided

License Expiration Date

01/31/2023

General Information	Education & Training	Academic Appointments	Specialty Certification	Financial Responsibility	Proceedings & Actions
Optional Information	License Information				

The practitioner has not verified the information contained in this profile.

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.

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Department of Health



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General
Information

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& Actions

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The practitioner has not verified the information contained in this profile.

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.

The practitioner did not provide this mandatory information.

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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

Final disciplinary action taken by a licensing agency within the last 10 years:



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.



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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
03/21/2018	OUT OF STATE		09/21/2021	\$195,000.00	\$0.00

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License Verification

Printer Friendly Version

KIRK WARREN BRODY

License Number: ME147686

Data As Of 9/23/2022

License Information	Secondary Locations	Discipline/Admin Action	Practitioner Profile
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Profession	Medical Doctor
License	ME147686
License Status	CLEAR/ACTIVE
License Expiration Date	1/31/2023
License Original Issue Date	10/30/2020
Address of Record	14498 University Cove Plac Ave TAMPA, FL 33613
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

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For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.





License Verification

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KIRK WARREN BRODY

License Number: ME147686

Data As Of 9/23/2022

License Information	Secondary Locations	Discipline/Admin Action	Practitioner Profile
	Address	431 Maitland Ave ALTAMONTE SPRINGS, FL 32701	
	Address	4444 S Florida Ave LAKELAND, FL 33813	
	Address	28960 US Hwy 19 N Suite 110 CLEARWATER, FL 33761	
	Address	1545 Huffigngham Rd JACKSONVILLE, FL 32216	
	Address	1135 N. W. 23rd Ave GAINESVILLE, FL 32609	
	Address	3330 W. Kennedy Blvd TAMPA, FL 33609	

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License Status	CLEAR/ACTIVE
Year Began Practicing	Not Provided
License Expiration Date	01/31/2023

The practitioner has not verified the information contained in this profile.

Primary Practice Address

KIRK WARREN BRODY
14498 UNIVERSITY COVE PLAC AVE
TAMPA, FL 33613

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
OUT OF STATE		
OUT OF STATE		

Email Address

Please contact at: **K.BRODY@DRBRODY.NET**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TENNESSEE	MEDICINE

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 not indicated whether he/she has submitted payment of the assessment.

Specialty Certification

The practitioner did not provide this mandatory information.

Financial Responsibility

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