



KAI MCGREEVY M.D.

License Number: ME109028

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	06/24/2006
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

KAI MCGREEVY M.D.
559 WEST TWINCOURT TRAIL
SUITE 607
SAINT AUGUSTINE, FL 32095

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
BAPTIST MEDICAL CENTER- SOUTH	SAINT AUGUSTINE	FLORIDA
FLAGLER HOSPITAL	SAINT AUGUSTINE	FLORIDA

Email Address

Please contact at: kmcgreevy@mcgreevyneurohealth.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL

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
AMERICAN UNIV. OF THE CARIBBEAN	MD	8/1/2002 - 4/1/2006	04/01/2006

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 NORTH FLORIDA	JACKSONVILLE	FLORIDA	08/01/1994	12/01/1998	BS BIOLOGY

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
NEW HANOVER REGIONAL MED CENTER	INTERNSHIP	OTHER	PRELIMINARY MEDICINE	WILMINGTON	NORTH CAROLINA	06/01/2006	06/01/2007
UNIVERSITY OF CALIFORNIA, SAN DIEGO	RESIDENCY	N - NEUROLOGY		SAN DIEGO	CALIFORNIA	07/01/2007	06/01/2010
JOHNS HOPKINS HOSPITAL	FELLOWSHIP	OTHER	PAIN MEDICINE	BALTIMORE	MARYLAND	07/01/2010	07/01/2011

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
ASSISTANT PROFESSOR IN NEUROLOGY	UNIVERSITY OF CENTRAL FLORIDA SCHOOL OF MEDICINE	ORLANDO	FLORIDA

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 PSYCHIATRY AND NEUROLO	N - NEUROLOGY	09/01/2010

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

Proceedinas & 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
SPINAL CORD STIMULATION IN THE TREATMENT OF CANCER PAIN: "BACK TO THE ORIGINS"	CURRENT PAIN AND HEADACHE REPORTS	05/19/2012
THE EFFECTIVENESS OF REPEAT CELIAC PLEXUS NEUROLYSIS FOR PANCREATIC CANCER: A PILOT STUDY	PAIN PRACTICE	05/08/2012

Title	Publication	Date
UPDATED PERSPECTIVES ON OCCIPITAL NERVE STIMULATOR LEAD MIGRATION: CASE REPORT AND LITERATURE REVIEW	CLINICAL JOURNAL OF PAIN	03/05/2012
TECHNICAL ASPECTS OF INFERIOR HYPOGASTRIC PLEXUS BLOCK FOR CHRONIC PELVIC PAIN: CASE REPORT	PAIN MEDICINE, VOLUME 13, ISSUE 2, PAGES 281-349	02/01/2012
CEPHALAD LEAD MIGRATION FOLLOWING SPINAL CORD STIMULATOR IMPLANTATION: TECHNICAL REPORT.	PAIN MEDICINE, VOLUME 13, ISSUE 2, PAGES 281-349	02/01/2012
CONTEMPORARY INSIGHTS INTO PAINFUL DIABETIC NEUROPATHY AND TREATMENT WITH SPINAL CORD STIMULATION	CURRENT PAIN AND HEADACHE REPORTS	11/10/2011
PREVENTING CHRONIC PAIN FOLLOWING ACUTE PAIN: RISK FACTORS, PREVENTIVE STRATEGIES, AND THEIR EFFICACY	EUROPEAN JOURNAL OF PAIN SUPPLEMENTS	11/01/2011
LUMBAR TRANSFORAMINAL EPIDURAL DEXAMETHASONE: A PROSPECTIVE, RANDOMIZED, DOUBLE-BLIND, DOSE-RESPONSE TRIAL.	REGIONAL AND ANESTHESIA PAIN MEDICINE	11/01/2011
UPDATED PERSPECTIVES ON NEUROGENIC THORACIC OUTLET SYNDROME	CURRENT PAIN AND HEADACHE REPORTS	02/01/2011
THE SUPRASPINAL PAIN PATHWAY OF THE THERMAL GRILL ILLUSION	NEUROIMAGE 47: S61 (SUPPL 1)	06/01/2009
LEVETIRACETAM AS MIGRAINE PROPHYLAXIS IN TOPIRAMATE FAILURES	CEPHALGIA 29: 145-146	09/01/2009
IS ASPIRIN THE PREFERRED AGENT FOR YOUR PATIENT?	NEUROLOGY	03/01/2003
IS LOWERING AMYLOID LEVELS A THERAPEUTIC TARGET FOR ALZHEIMER'S DISEASE	NEUROBIOLOGY 60	03/01/2003
MACROPHAGE-MEDIATED RESORPTION OF AMYLOID IN CORTICAL INFARCTS IN ALZHEIMER'S DISEASE: IMPLICATIONS FOR IMMUNIZATION THERAPY	JOURNAL OF NEUROPATHOLOGY AND EXPERIMENTAL NEUROLOGY 60: 508	12/01/2001

Professional Web Page

www.mcgreevyneurohealth.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 not provided any national, state, local, county, or professional affiliations.