



JAMES DENNIS LEE

License Number: ME114044

Profession Medical Doctor
License Status Null And Void/
Year Began Practicing 01/01/1989
License Expiration 01/31/2021
Date

General Information

Primary Practice Address

JAMES DENNIS LEE
924 MONTCLAIR ROAD, SUITE 200
SUITE 200
BIRMINGHAM, AL 35213

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
BROOKWOOD MEDICAL CENTER	BIRMINGHAM	ALABAMA
CITIZENS BMC	ALABASTER	ALABAMA
CULLMAN REGIONAL MEDICAL CENTER	CULLMAN	ALABAMA
JACKSONVILLE MEDICAL CENTER	JACKSONVILLE	ALABAMA
LAKE MARTIN COMMUNITY HOSPITAL	DADEVILLE	ALABAMA
MARSHALL MEDICAL CENTER NORTH	GUNTERSVILLE	ALABAMA
MARSHALL MEDICAL CENTER SOUTH	BOAZ	ALABAMA
MEDPLEX OUTPATIENT SURGERY CENTER (BROOKWOOD)	HOOVER	ALABAMA
OUTPATIENT CARECENTER	BIRMINGHAM	ALABAMA
OUTPATIENT SERVICES EAST	BIRMINGHAM	ALABAMA
ST. VINCENT'S BIRMINGHAM	BIRMINGHAM	ALABAMA
ST. VINCENT'S BLOUNT	ONEONTA	ALABAMA
ST. VINCENT'S EAST	BIRMINGHAM	ALABAMA
ST. VINCENT'S ST. CLAIR	PELL CITY	ALABAMA

Email Address

Please contact at: jlee@auroradx.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ALABAMA	MEDICAL
MISSISSIPPI	MEDICAL
SOUTH CAROLINA	MEDICAL

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

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE	MD	7/1/1985 - 6/1/1989	06/04/1989

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 ALABAMA	TUSCALOOSA	ALABAMA	07/01/1976	06/01/1981	BS IN MICROBIOLOGY

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
UNIVERSITY OF NEBRASKA MEDICAL CENTER	RESIDENCY	PTH - PATHOLOGY	AND MICROBIOLOGY	OMAHA	NEBRASKA	07/01/1989	06/01/1991
MEDICAL UNIVERSITY OF SOUTH CAROLINA	RESIDENCY	PTH - PATHOLOGY-ANATOMIC AND CLINICAL		CHARLESTON	SOUTH CAROLINA	07/01/1991	06/01/1994
MEDICAL UNIVERSITY OF SOUTH CAROLINA	FELLOWSHIP	D - DERMATOPATHOLOGY		CHARLESTON	SOUTH CAROLINA	07/01/1994	06/01/1995

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 PATHOLOGY	PTH - PATHOLOGY-ANATOMIC AND CLINICAL	11/01/1995
AMERICAN BOARD OF PATHOLOGY	D - DERMATOPATHOLOGY	11/01/1997

Financial Responsibility

Financial Responsibility

Financial Exemption

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 not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

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