



## OMOHODION TEMISANJU BINITIE

License Number: ME117296

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/2004  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

OMOHODION TEMISANJU BINITIE  
MOFFITT CANCER CENTER  
12902 MAGNOLIA DR CSB 6  
TAMPA, FL 33612

### 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
H. LEE MOFFITT CANCER CTR & RESEARCH INST	TAMPA	FLORIDA
ALL CHILDREN'S HOSPITAL	SAINT PETERSBURG	FLORIDA

### Email Address

Please contact at: [odion.binitie@moffitt.org](mailto:odion.binitie@moffitt.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	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
KEISER COMMUNITY COLLEGE	NO DEGREE	1/1/1996 - 4/19/1996	
FLORIDA STATE UNIVERSITY	BACHELOR D	5/4/1996 - 4/29/2000	04/29/2000
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE	MD	8/14/2000 - 5/7/2004	05/07/2004

## 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
UNIVERSITY OF SOUTH FLORIDA	RESIDENCY	AN - ANESTHESIOLOGY		TAMPA	FLORIDA	07/01/2005	06/30/2006
UNIVERISTY OF SOUTH FLORIDA	INTERNSHIP	GS - SURGERY		TAMPA	FLORIDA	07/01/2006	06/30/2007
UNIVERSITY OF SOUTH FLORIDA	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		TAMPA	FLORIDA	07/01/2007	06/30/2011
CHILDRENS HOSPITAL OF PHILADELPHIA	FELLOWSHIP	ORS - PEDIATRIC ORTHOPAEDICS			PHILADELPHIA PENNSYLVANIA	08/01/2011	07/31/2012
UNIVERSITY OF SOUTH FLORIDA/ MOFFITT CANCER CENTER	FELLOWSHIP	ORS - MUSCULOSKELETAL ONCOLOGY		TAMPA	FLORIDA	08/01/2012	07/31/2013
BAYLOR COLLEGE OF MEDICINE	INTERNSHIP	GS - SURGERY		HOUSTON	TEXAS	06/24/2004	06/23/2005

## 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
PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 ORTHOPAEDIC SURGERY	ORTHOPEDICS	

## 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

### 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 an affiliation with the following committees:

FLChildren's Oncology Group

Musculoskeletal Tumor Society

Florida Orthopedic Society

## 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
THE INCIDENCE OF THROMBOEMBOLIC EVENTS DURING HOSPITALIZATIONS FOLLOWING SURGICAL RESECTION OF LOWER EXTREMITY SARCOMAS IN CHILDREN: UTILIZING THE PEDIATRIC HEALTH INFORMATION SYSTEM DATABASE	JOURNAL OF PEDIATRIC ORTHOPEDICS	04/15/2023
OUTCOMES AND COMPLICATIONS OF PELVIC CHONDROSARCOMAS TREATED USING NAVIGATION GUIDANCE AND MULTIDISCIPLINARY APPROACH: IS THE TUMOR VOLUME A PROGNOSTIC FACTOR	JOURNAL OF CLINICAL MEDICINE	11/15/2022
CHILDREN'S ONCOLOGY GROUP'S 2023 BLUEPRINT FOR RESEARCH: BONE TUMORS	PEDIATRIC BLOOD AND CANCER	07/15/2023
EXTREMITY RABDOMYOSARCOMA IN CHILDREN, ADOLESCENTS AND YOUNG ADULTS: A REPORT FROM CHILDREN'S ONCOLOGY GROUP TRIALS.	CANCER	06/15/2025

## Professional Web Page

[www.moffitt.org](http://www.moffitt.org)

## 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.