



STEPHEN ANDREW LASHER JR

License Number: ME143256

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/2001
License Expiration Date	01/31/2026

## General Information

### Primary Practice Address

STEPHEN ANDREW LASHER JR  
214 CENTERVIEW DR  
SUITE 250  
BRENTWOOD, TN 37027

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [alasher@ivxhealth.com](mailto:alasher@ivxhealth.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TENNESSEE	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
ALABAMA	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
AMHERST COLLEGE	BACHELOR D	8/1/1991 - 5/1/1995	05/01/1995
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON	MD	8/1/1996 - 6/1/2000	06/01/2000
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON	MD	8/1/1996 - 8/1/2000	08/01/2000
OTHER	BA	8/1/1991 - 5/1/1995	

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
VA PALO ALTO HEALTHCARE SYS.	FELLOWSHIP	IM - INTERNAL MEDICINE	HOSPICE AND PALLIATIVE MEDICINE	PALO ALTO	CALIFORNIA	08/01/2004	08/01/2005
STANFORD HOSPITAL CLINICS	RESIDENCY	IM - INTERNAL MEDICINE		STANFORD	CALIFORNIA	06/01/2001	06/30/2004

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	08/23/2015
AMERICAN BOARD OF INTERNAL MEDICINE	HPM - HOSPICE AND PALLIATIVE MEDICINE	11/16/2010
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	11/16/2010

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
COMMONWEALTH OF KENTUCKY	01/27/2021	SUSPENDED	NO
STATE BOARD OF NORTH CAROLINA	07/20/2022	CONSENT AGREEMENT	NO
WEST VIRGINIA BOARD OF MEDICINE	01/10/2023	CONSENT AGREEMENT AND FINE	NO
WEST VIRGINIA BOARD OF MEDICINE	01/09/2023	CONSENT ORDER	NO
NEW YORK STATE BOARD FOR MEDICINE	10/10/2023	CONSENT AGREEMENT AND FINE	NO

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.

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