



## RAID GEORGE OSSI

License Number: ME128159

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1982  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

RAID GEORGE OSSI  
4205 BELFORT ROAD, SUITE 1100  
JACKSONVILLE, FL 32216

### 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
HALIFAX MEDICAL CENTER	ORMOND BEACH	FLORIDA

### Email Address

Please contact at: [raidossi@yahoo.com](mailto:raidossi@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	
FLORIDA	

### 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
UNIVERSITY OF BAGHDAD	MBCHB	7/1/1976 - 5/31/1982	06/22/1982

## Other Health Related Degrees

The practitioner did not provide this mandatory information.

## 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
MEDICAL CITY TEACHING HOSPITAL ORIENTATION	OTHER PROGRAM	BEHAVIORAL HEALTH		BAGHDAD	IRAQ	06/01/1982	06/21/1982
MEDICAL CITY TEACHING HOSPITAL ORIENTATION	OTHER PROGRAM	BEHAVIORAL HEALTH		BAGHDAD	IRAQ	06/23/1982	06/30/1982
MEDICAL CITY TEACHING HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		BAGHDAD	IRAQ	07/01/1982	06/30/1983
MEDICAL CITY TEACHING HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		BAGHDAD	IRAQ	07/01/1983	09/30/1986
MEDICAL CITY TEACHING HOSPITAL	RESIDENCY	IM - CRITICAL CARE MEDICINE		BAGHDAD	IRAQ	10/01/1986	09/30/1988
FAMILY MEDICINE TEACHING CENTER	OTHER PROGRAM	FP - FAMILY MEDICINE		BAGHDAD	IRAQ	10/01/1988	06/30/1990
AL NAHRAIN UNIVERSITY	OTHER PROGRAM	IM - INTERNAL MEDICINE		BAGHDAD	IRAQ	07/01/1990	08/31/1991
AL NAHRAIN UNIVERSITY	FELLOWSHIP	NEUROLOGY		BAGHDAD	IRAQ	09/01/1991	08/31/1992
AL NAHRAIN UNIVERSITY	FELLOWSHIP	N - CLINICAL NEUROPHYSIOLOGY		BAGHDAD	IRAQ	07/01/1994	08/31/1996
AL NAHRAIN UNIVERSITY	RESIDENCY	N - NEUROLOGY		BAGHDAD	IRAQ	07/01/1998	06/30/2002
ST MARY MERCY HOSPITAL	ROTATING INTERNSHIP	NEUROLOGY		LIVONIA MI	UNITED STATES	06/30/2012	06/30/2013
UF HEALTH	RESIDENCY	NEUROLOGY		JACKSONVILLE	UNITED STATES	07/01/2013	06/30/2016

## Academic Appointments

### Graduate Medical Education

This practitioner has 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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## 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

#### 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.

#### 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.

---