



JENNIFER LOUISE GRAYBILL D.O.

License Number: OS13602

Profession	Osteopathic Physician
License Status	Obligations/Active
Year Began Practicing	Not Provided
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

JENNIFER LOUISE GRAYBILL D.O.  
5810 CANDYTUFT PLACE  
LAND O LAKES, FL 34639

### 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
NEW YORK PREBYTERIAN HOSPITAL		NEW YORK

### Email Address

Please contact at: [jgraybill10@gmail.com](mailto:jgraybill10@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	OSTEOPATHIC PHYSICIAN

### 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
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDI	DO		06/01/2007

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
ST LUKE'S ROOSEVELT HOSPITAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE	AOA APPROVED INTERNSHIP	NEW YORK	NEW YORK	07/01/2007	06/30/2008
ST LUKE'S ROOSEVELT HOSPITAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	07/01/2008	06/30/2010
ALBERT EINSTEIN COLLEGE OF MEDICINE	FELLOWSHIP	IM - RHEUMATOLOGY		BRONX	NEW YORK	07/01/2010	06/30/2012

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
	ST UNIV OF NEW YORK HLTH SCIEN CTR SYRAC		NEW YORK

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	01/01/2010

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	11/05/2021	SUSPENSION	NO
FLORIDA DEPARTMENT OF HEALTH	04/30/2024	OBLIGATION(S) SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
MONITOR	11/22/2021		11/17/2023	\$ 0.00	\$ 0.00
MONITOR REPORTS	11/22/2021	5/14/2022		\$ 0.00	\$ 0.00
COSTS	11/22/2021	12/21/2021	12/29/2021	\$ 913.73	\$ 913.73
PRN CONTRACT	11/22/2021	5/11/2026		\$ 0.00	\$ 0.00
INDIRECT SUPERVISION	11/22/2021		11/17/2023	\$ 0.00	\$ 0.00
CURRICULUM VITAE	11/22/2021		2/9/2022	\$ 0.00	\$ 0.00
MONITOR APPEARANCE	11/22/2021		1/22/2024	\$ 0.00	\$ 0.00
FIRST APPEARANCE	11/22/2021		1/22/2024	\$ 0.00	\$ 0.00
RECORDS REVIEW	11/22/2021		11/17/2023	\$ 0.00	\$ 0.00
PRN EVALUATION	11/22/2021		11/22/2021	\$ 0.00	\$ 0.00
TOLLING	11/22/2021		11/17/2023	\$ 0.00	\$ 0.00
BOARD RETAINS JURISDICTION	11/22/2021		11/22/2021	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	11/22/2021		7/22/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/22/2021	8/14/2022	10/6/2022	\$ 0.00	\$ 0.00
CURRICULUM VITAE	11/22/2021		7/22/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/22/2021	11/14/2022	11/15/2022	\$ 0.00	\$ 0.00
LAST APPEARANCE	11/22/2021		11/17/2023	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	11/22/2021		2/9/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/22/2021	5/14/2022	6/13/2022	\$ 0.00	\$ 0.00
REINSTATEMENT WITH CONDITIONS	11/22/2021			\$ 0.00	\$ 0.00
REINSTATEMENT APPEARANCE	11/22/2021		11/22/2021	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	11/22/2021			\$ 0.00	\$ 0.00
RETURN TO PRACTICE	11/22/2021			\$ 0.00	\$ 0.00
MONITOR REPORTS	11/22/2021	8/14/2022	1/11/2023	\$ 0.00	\$ 0.00
MONITOR REPORTS	11/22/2021	11/14/2022	11/21/2022	\$ 0.00	\$ 0.00
MONITOR REPORTS	11/22/2021	7/10/2023		\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/22/2021	4/10/2023	4/13/2023	\$ 0.00	\$ 0.00
MONITOR REPORTS	11/22/2021	4/10/2023	4/13/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/22/2021	7/10/2023		\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	11/21/2022			\$ 0.00	\$ 0.00
CURRICULUM VITAE	11/22/2021		11/30/2022	\$ 0.00	\$ 0.00

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
PRE-APPROVAL OF SUPERVISOR/MON	11/8/2022		1/11/2023	\$ 0.00	\$ 0.00
MONITOR REPORTS	11/22/2021	10/10/2023	10/10/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	11/22/2021	10/10/2023	10/10/2023	\$ 0.00	\$ 0.00
CURRICULUM VITAE	11/8/2022		11/16/2022	\$ 0.00	\$ 0.00
CE: LAWS AND RULES	8/7/2022	11/21/2022	8/7/2022	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00

**The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.**

#### **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.

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