# LILY PAN PERKINS

## License Number: PO2994

ProfessionPodiaLicense StatusClear/Year Began Practicing01/01/License Expiration Date03/31/Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Podia

Podiatric Physician Clear/Active 01/01/2000 03/31/2026 Yes

# **General Information**

#### **Primary Practice Address**

LILY PAN PERKINS 221 GREENWICH CIRCLE SUITE 105 JUPITER, FL 33458

#### 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
JUPITER MEDICAL CENTER	JUPITER	FLORIDA

## **Email Address**

Please contact at: panpodiatry@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State		
FLORIDA		

Profession PODIATRY

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK COLLEGE OF PODIATRIC	DPM	9/1/1995 - 6/3/1999	06/03/1999
NEW YORK COLLEGE OF PODIATRIC			

## **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
CORNELL UNIVERSITY	ITHICA	NEW YORK	01/01/1992	06/30/1994	BS BIOLOGY

## **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	n Specialty Area	Other Specialty Area	City	State or Country	_	Dates Attended To
EMORY NORTHLAKE REGIONAL MEDICAL CENTER		PIR - PODIATRIC INTERNSHIP/RESIDENCY		TUCKER	GEORGIA	07/01/1999	06/01/2002

# 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 PODIATRIC SURGERY	PODIATRY	

# **Financial Responsibility**

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I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 \$5,000.00 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
ORGANIZER/LECTURER	PODIATRY INSTITUTE
VOLUNTEER MEDICAL ASSISTANT	PEACHTREE RACES

#### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
COMPLICATIONS OF HAV	UPDATE/PODIATRY INSTITUTE	01/01/2001
PHYSEAL PLATE FRACTURES	UPDATE/PODIATRY INSTITUTE	01/01/2001

#### **Professional Web Page**

WWW.PANPODIATRY.COM

#### Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice. CHINESE MANDARIN TAIWANESE

### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation

ACFAS

APMA