#### THOMAS LEE GREENE

#### License Number: ME42436

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1983
License Expiration 01/31/2026

Date

## General Information

#### **Primary Practice Address**

THOMAS LEE GREENE 2727 W. DR. MLK JR. BLVD. SUITE 560 TAMPA, FL 33607

#### 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
THE TAMPA GENERAL HOSPITAL	TAMPA	FLORIDA
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA

#### **Email Address**

Please contact at: tlgreenemd@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession	
	MEDICAL DOCTOR	
	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
OHIO STATE UNIVERSITY	MD	7/1/1972 - 6/13/1975	06/13/1975

#### **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 MICHIGAN HOSPITALS	INTERNSHIP	GS - SURGERY		ANN ARBOR	MICHIGAN	07/01/1975	06/30/1976
UNIVERSITY OF MICHIGAN HOSPITALS	RESIDENCY	GS - SURGERY		ANN ARBOR	MICHIGAN	07/01/1976	06/30/1977
UNIVERSITY OF MICHIGAN HOSPITALS	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		ANN ARBOR	MICHIGAN	07/01/1977	06/30/1980
ST VINCENT'S HOSPITAL HEALTH CARE	FELLOWSHIP	ORS - HAND SURGERY		INDIANAPOLIS	INDIANA	07/01/1980	06/30/1981

# **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 ORTHOPAEDIC SURGERY	ORS - HAND SURGERY	
AMERICAN BOARD OF ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

## 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 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
AWARD OF RECOGNITION	BEST DOCTORS IN AMERICA 1998

#### **Publications**

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

Title	Publication	Date
ADVANCED IMAGING OF THE WRIST	RADIOGRAPHICS 9:229-246	01/01/1989
VOLAR RADIOCARPAL DISLOCATION WITH ULNAR TRANSLOCATION:	JOURNAL OF ORTHOPAEDIC TRAUMA 2:322-326	01/01/1989

Title	Publication	Date
COMPOSITE WIRING OF METACARPAL AND PHALANGEAL FRACTURES	JOURNAL OF HAND SURGERY 14A:665-669	07/01/1989
DIGITAL SUBSTRACTION ARTHROGRAPHY OF THE WRIST	JOURNAL OF BONE JOINT SURGERY 72A:846-851	07/01/1990
DISTAL ULNAR PHYSEAL INJURY	JOURNAL OF PEDIATRIC ORTHOPAEDICS 11:318-326	01/01/1991

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

## **Professional Web Page**

tlgreenemd.com

## **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 provided the following national, state, local, county, and professional affiliations:

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Affiliation	
AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS	
AMERICAN SOCIETY FOR SURGERY OF THE HAND	
AMERICAN SOCIETY OF RECONSTRUCTIVE MICROSURGERY	
FLORIDA MEDICAL ASSOCIATION	
HILL SBOROUGH COUNTY MEDICAL ASSOCIATION	