# PHILIP WATSON TALLY MD

# License Number: ME53442

ProfessionMedLicense StatusCLEYear Began Practicing07/0License Expiration Date01/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor CLEAR/Active 07/01/1988 01/31/2026 Yes

# **General Information**

## **Primary Practice Address**

PHILIP WATSON TALLY MD 200 3RD AVENUE WEST SUITE 200 BRADENTON, FL 34205

## **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
BLAKE MEDICAL CENTER	BRADENTON	FLORIDA
MANATEE MEMORIAL HOSPITAL	BRADENTON	FLORIDA
LAKEWOOD RANCH MEDICAL CENTER	BRADENTON	FLORIDA

## **Email Address**

Please contact at: ptally@aol.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	DEA LICENSE

# 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF ALABAMA AT BIRMI	MD	1/1/1978 - 1/1/1982	01/01/1982

# **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
MAYO GRAD SCHOOL	INTERNSHIP	NS - NEUROLOGICAL SURGERY			MINNESOTA	07/01/1982	06/30/1983
MAYO GRAD SCHOOL	RESIDENCY	NS - NEUROLOGICAL SURGERY			MINNESOTA	07/01/1983	06/30/1988

# 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**

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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 NEUROLOGICAL SURGERY	NS - NEUROLOGICAL SURGERY	11/01/1991

# **Financial Responsibility**

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I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

# **Proceedings and Actions**

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## **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

#### 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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
03/21/2021	PALM BEACH		12/02/2022	\$437,500.00	\$1,000,000.00

# **Optional Information**

#### Committees/Memberships

This practitioner has an affiliation with the following committees: DIPLOMATE NATIONAL BOARD DIPLOMATE AMERICAN BOARD OF NEUROLOGICAL SURGERY

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
OUTSTANDING YOUNG MEN OF AMERICA	
VICE CHAIRMAN	AD HOC COMMITTEE OF YOUNG NEUROSURGEONS-JCSNS
BOARD OF DIRECTORS	FLORIDA NEUROLOGICAL SOCIETY
MINNESOTA DELEGATE	AMERICAN MEDICAL ASSOCIATION-RPS

### **Publications**

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

Title	Publication	Date
INHIBITION OF ELECTRICALLY INDUCED SEIZURES BY CA2+ CHAN	A BRAIN RESEARCH	01/01/1986
AMERICAN ASSOCIATION OF OR NURSES	MINNESOTA CHAPTER	
IMPROVEMENT OF CORTICAL PERFUSION, ITRACELLULAR PH AND ELE	NEUROSURGERY	
TRANSIENT FOCAL CEREBRAL ISCHEMIA IN THE RABBIT; IMPROVEME	SURGICAL FORUM	01/01/1987

#### **Professional Web Page**

www.nsadoctors.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:

## Affiliation

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS

AMERICAN COLLEGE OF SURGEONS

AMERICAN MEDICAL ASSOCIATION

ASSOCIATION OF FELLOW CARDIOLOGISTS

CNS/FNS/PUBLIC HEALTH PARTNERSHIP COUNCIL STROKE

FLORIDA MEDICAL ASSOCIATION

MANATEE COUNTY MEDICAL SOCIETY