## LORI LEE BARR MD

## License Number: ME59473

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 07/01/1984
License Expiration 01/31/2026

Date

# **General Information**

## **Primary Practice Address**

LORI LEE BARR MD 2700 UNIVERSITY SQUARE DR TAMPA, FL 33612

#### 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
SEBASTIAN RIVER MEDICAL CENTER	SEBASTIAN	FLORIDA
SACRED HEART HOSPITAL	PENSACOLA	FLORIDA
SACRED HEART HOSPITAL	PANAMA CITY	FLORIDA
PARRISH MEDICAL CENTER	TITUSVILLE	FLORIDA
LOWER KEYS MEDICAL CENTER	KEY WEST	FLORIDA

#### **Email Address**

Please contact at: itoolsIlb@me.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	PHYSICIAN
TENNESSEE	PHYSICIAN
TEXAS	PHYSICIAN
ALABAMA	PHYSICIAN
LOUISIANA	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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
LOUISIANA STATE UNIVERSITY SCH	MD	7/1/1980 - 5/26/1984	05/26/1984

## **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 TEXAS	INTERNSHIP	DR - RADIOLOGY		GALVESTON	TEXAS	07/01/1984	06/30/1985
UNIVERSTIY OF TEXAS	RESIDENCY	DIAGNOSTIC IMAGING		GALVESTON	TEXAS	07/01/1985	06/30/1988
UNIVERSITY OF TEXAS	FELLOWSHIF	DR - PEDIATRIC RADIOLOGY		GALVESTON	TEXAS	07/01/1988	06/30/1989

# **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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	
AMERICAN BOARD OF RADIOLOGY	DR - PEDIATRIC RADIOLOGY	

# 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.

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
08/16/2022	PINELLAS		11/26/2024	\$475,000.00	\$850,000.00

# **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
FELLOW AMERICAN INSTITUTE OF ULTRASOUND	AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE
FELLOW AMERICAN COLLEGE OF RADIOLOGY	AMERICAN COLLEGE OF RADIOLOGY
SCHOLAR AWARD	RADIOLOGICAL SOCIETY OF NORTH AMERICA

#### **Publications**

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

Title	Publication	Date
NEONATAL CRANIAL ULTRASOUND	ULTRASOUND CLINICS OF NA VOL 4 ISSUE 4	10/02/2009
AIUM PRACTICE GUIDELINES FOR THE PERFORMANCE OF NEUROSONOGRA	J ULTRASOUND MED 2010 JAN 29 1 151-6	01/01/2010

## **Professional Web Page**

www.ausrad.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.

SPANISH

**FRENCH** 

#### **Other Affiliations**

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

This practitioner has provided the following flational, state, local, country, and professional affiliations.
Affiliation
AMERICAN COLLEGE OF RADIOLOGY
AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE
AMERICAN ROENTGEN RAY SOCIETY
RADIOLOGICAL SOCIETY OF NORTH AMERICA
SOCIETY FOR PEDIATRIC RADIOLOGY
TEXAS RADIOLOGICAL SOCIETY
TRAVIS COUNTY MEDICAL SOCIETY