#### **WILLIAM LU**

#### License Number: ME66562

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1994
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

WILLIAM LU 103 PINETREE LANE ALTAMONTE SPRINGS, FL 32714

#### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		ILLINOIS

#### **Email Address**

Please contact at: wlu@cfl.rr.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
KENTUCKY	MEDICINE
COLORADO	MEDICAL DOCTOR
	MEDICAL

#### 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
UNIVERSITY OF TENNESSEE	MD	1/1/1984 - 1/1/1988	06/30/1988
UNIVERSITY OF KENTUCKY		7/1/1988 - 1/1/1994	01/01/1994

## **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 HOSPITAL A B CHAND	INTERNSHIP	GS - SURGERY		LEXINGTON	KENTUCKY	07/01/1988	06/30/1989
UNIVERSITY HOSPITAL A B CHAND	RESIDENCY	NS - NEUROLOGICAL SURGERY		LEXINGTON	KENTUCKY	07/01/1989	06/30/1994

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has 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 NEUROLOGICAL SURGERY	NS - NEUROLOGICAL SURGERY	

# Financial Responsibility

## **Financial Responsibility**

Financial Exemption 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 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
06/27/2012	ORANGE		07/17/2015	\$750,000.00	\$250,000.00

# **Optional Information**

#### Committees/Memberships

This practitioner has an affiliation with the following committees: AM ASSOC OF NEUROLOGICAL SURGEONS

CONGRESS OF NEUROLOGICAL SURGEONS

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
SHEPHERD'S HOPE HUNGERFORD VOLUNTEER OF THE YEAR 2010	

#### **Publications**

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

Title	Publication	Date
OPTIC NERVE GANGLIOGLIOMA. CASE REPORT	J NEUROSURG	01/01/1993
BDNF ENHANCES THE FUNCTIONAL REINNERVATION OF THE STRIATUM	EXP NEUROLOGY	01/01/1996
A STEP-WISE PROTOCOL FOR STRESS ULCER PROPHYLAXIS IN THE N	SURG NEUROLOGY	01/01/1996

Title	Publication	Date
A REVIEW OF STRESS ULCER PROPHYLAXIS	NEUROSURGERY	01/01/1997

# **Professional Web Page**

This practitioner has not provided any professional web page information.

# **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.

MANDARIN

#### **Other Affiliations**

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

Δffi	liation

AANS SECTION FOR SPINE AND PERIPHERAL NERVES

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS

CONGRESS OF NEUROLOGICAL SURGEONS

GAMMA KNIFE SOCIETY