### JAMES HANLON STEVENS

# License Number: ME68163

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1995
License Expiration 01/31/2026

Date

# General Information

### **Primary Practice Address**

JAMES HANLON STEVENS 1026 MAR WALT DRIVE GENESIS CARE FORT WALTON BEACH, FL 32541

### 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
FORT WALTON BEACH MEDICAL CENTER	FORT WALTON BEACH	FLORIDA
NORTH OKALOOSA MEDICAL CENTER	CRESTVIEW	FLORIDA
TWIN CITIES HOSPITAL	NICEVILLE	FLORIDA
WEST FLORIDA REGIONAL MEDICAL CENTER	PENSACOLA	FLORIDA
HEALTHSOUTH EMERALD COAST SURGERY CENTER	FORT WALTON BEACH	FLORIDA
SACRED HEART HOSPITAL	SANTA ROSA BEACH	FLORIDA

### **Email Address**

Please contact at: james.stevens@usa.genesiscare.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
	MD

# 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 NEBRASKA AT OMAH	MD	8/1/1986 - 6/1/1990	06/01/1990

### **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 NEBRASKA COLLEGE OF MEDICINE	INTERNSHIP	IM - INTERNAL MEDICINE		OMAHA	NEBRASKA	07/01/1990	06/30/1991
THOMAS JEFFERSON UNIVERSITY	RESIDENCY	RO - RADIATION ONCOLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/1991	06/30/1995

# **Academic Appointments**

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

### **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 RADIOLOGY	RO - RADIATION ONCOLOGY	

# 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:

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.

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
DEAN'S LIST 1982-1986	UNIVERSITY OF NEBRASKA AT OMAHA
ELECTED 1983	PHI ETA SIGMA-FRESHMAN HONOR SOCIETY-UNIV. OF NEBRASKA
CLINICAL ONCOLOGY FELLOWSHIP 1994-95	AMERICAN CANCER SOCIETY
GRADUATED CUM LAUDE 1986	UNIVERSITY OF NEBRASKA AT OMAHA
RICHARD HORBACH AWARD OF EXCELLENCE IN HEMATOLOGY/ONCOLOGY	

#### **Publications**

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

Title	Publication	Date
SPATIALLY FRACTIONED RADIATION THERAPY FOR THE TREATMENT	LUNG CANCER	01/01/1994
IORT-THE JEFFERSON EXPERIENCE	PROC. INTERNATIONAL SYMPOSIUM ON INTRAOPERATIVE RADIATION	10/01/1994
INTRAOPERATIVE RADIOTHERAPY IN THE COMBINED MODALITY OF	INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY BIOL PHYS	01/01/1993
MULTIPLE NON-CONFLUENT PENCIL BEAM RADIATION THERAPY	JOURNAL OF RADIATION ONCOLOGY RESEARCH	02/01/1996
COMBINED INTRAOPERATIVE RADIATION AND PERIOPERATIVE CHEMOT	JOURNAL OF CLINICAL ONOCOLOGY	01/01/1995

# **Professional Web Page**

www.21centuryoncology.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

#### **Other Affiliations**

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

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Affiliation
AMERICAN CANCER SOCIETY
AMERICAN COLLEGE OF RADIATION ONCOLOGY
AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY & ONCOLOGY
ASSOCIATION OF FREESTANDING RADIATION ONCOLOGY CENTERS