### LARRY LEE HARPER

### License Number: ME74865

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1998
License Expiration 01/31/2027

Date

## General Information

### **Primary Practice Address**

LARRY LEE HARPER
TALLAHASSEE PLASTIC SURGERY CL
2452 MAHAN DRIVE, SUITE 101
TALLAHASSEE, FL 32308

### 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
TALLAHASSEE MEMORIAL HOSPITAL	TALLAHASSEE	FLORIDA
TALLAHASSEE PLASTIC SURGERY CENTER	TALLAHASSEE	FLORIDA

### **Email Address**

Please contact at: bfink@tlhplasticsurgery.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL 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**

### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF FLORIDA			
UNIVERSITY OF FLORIDA	MD	6/1/1987 - 5/1/1991	05/01/1991

### **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 SOUTHERN ALABAMA MEDICAL CENTER	RESIDENCY	GS - SURGERY		MOBILE	ALABAMA	07/01/1991	06/30/1996
VANDERBILT UNIVERSITY MEDICAL CENTER	RESIDENCY	PS - PLASTIC SURGERY		NASHVILLE	TENNESSEE	07/01/1996	06/30/1998

# **Academic Appointments**

### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT CLINICAL PROFESSOR	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	TALLAHASSEE	FLORIDA
PRECEPTOR- FAMILY MED. RESIDENCY PRG	. TALLAHASSEE MEMORIAL HOSPITAL	TALLAHASSEE	FLORIDA

# **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 PLASTIC SURGERY	PS - PLASTIC 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 an affiliation with the following committees:

Surgery Dept. Tallahassee Memorial Hospital

H. Lee Moffitt Cancer Center & Research Institute

American Society of Plastic Surgeons

Florida Cleft Palate-Cranofacial Association

Florida Society of Plastic Surgery

American Medical Association

Florida Medical Association Captial Medical Society

SOUTHEASTERN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS

AMERICAN BOARD OF PLASTIC SURGERY

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

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

#### Community Service/Award/Honor

ALPHA EPSILON DELTA HONORARY PREMEDICAL FRATERNITY; F.S.U.

#### **Publications**

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

Title	Publication	Date
SURGICAL TREATMENT OF ADVANCED CUTANEOUS MALIGNANCY	SOUTHERN MEDICAL ASSOCIATION ANNUAL MEETING	11/01/1995
EXPLANTATION OF SILICONE BREAST IMPLANTS	AM SURG	05/01/1997
VERSATILITY OF THE MICROVASCULAR SERRATUS ANTERIOR MUSCLE	ANN PLAST. SURG	01/01/1998
SURGICAL MANAGEMENT OF GIANT NONMELANOMA SKIN NEO	SOUTH MED J.	02/01/1998
SIMULTANEOUS CUTANEOUS FLAP ELEVATION AND SKIN RESURF	AESTHETIC SURGERY JOURNAL	01/01/1999

### **Professional Web Page**

WWW.TLHPLASTICSURGERY.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

FELLOW: AMERICAN COLLEGE OF SURGEONS.