



LANCE FRANCIS GRENEVICKI M.D.

License Number: ME77063

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1997
License Expiration Date	01/31/2026

General Information

Primary Practice Address

LANCE FRANCIS GRENEVICKI M.D.
1093 SOUTH WICKHAM ROAD
MELBOURNE, FL 32904

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
HOLMES REGIONAL MEDICAL CENTER	MELBOURNE	FLORIDA
PALM BAY COMMUNITY HOSPITAL	PALM BAY	FLORIDA
WUESTHOFF MEMORIAL HOSPITAL	MELBOURNE	FLORIDA
HEALTHSOUTH SEA PINES REHABILITATION HOSPITAL	MELBOURNE	FLORIDA

Email Address

Please contact at: lgrenevicki@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR

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 MISSOURI-KANSAS	MD	1/1/1993 - 5/1/1997	05/01/1997

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
MEDICAL COLLEGE OF VIRGINIA	RICHMOND	VIRGINIA	07/01/1989	06/01/1993	D.D.S. DENTAL

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 MISSOURI	RESIDENCY	OTHER	ORAL AND MAXILLOFACIAL SURGERY	KANSAS CITY	MISSOURI	06/01/1993	06/03/1999
	INTERNSHIP	GS - SURGERY		KANSAS CITY	MISSOURI	01/01/1997	01/01/1998

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

Title	Institution	City	State
COURTESY CLINICAL ASSISTANT PROFESSOR OF SURGERY	UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE	ORLANDO	FLORIDA
ASSISTANT CLINICAL PROFESSOR OF SURGERY	UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE	ORLANDO	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 SURGERY	OTHER	04/01/2001
	OTHER	03/01/2001

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:
past CHIEF OF SURGERY - HOLMES REG MED CNTR
paPRESIDENT-FLORIDA SOCIETY OF ORAL MAXILLOFACIAL SURGEONS
past CHAIRMAN medical recCOMMITTEE - HOLMES REG MEDICAL CNTR

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
WHO'S WHO IN MEDICINE AND HEALTH CARE FOR THE MILLENNIUM	MARQUIS COMPANY

Community Service/Award/Honor	Organization
YOUNG EAGLE AWARD	FLORIDA SOCIETY OF ORAL & MAXILLOFACIAL SURGEONS
SURGICAL RESIDENT OF THE YEAR	SCHOOL OF MEDICINE, UNIVERSITY OF MISSOURI 1997
ALPHA OMEGA ALPHA MEDICAL HONOR SOCIETY	
MEDICAL MISSION TO GUATEMALA-1998 & 1999	
FUNDRAISER OF THE YEAR 2020	OMSPAC

Publications

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

Title	Publication	Date
CLEAR CELL CARCINOMA OF PALATE - A CASE REPORT	JOURNAL OF ORAL & MAXILLOFACIAL SURGERY	10/01/2001

Professional Web Page

www.theinstituteoffacialsurgery.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 ORAL & MAXILLOFACIAL SURGEONS
AMERICAN COLLEGE OF SURGEONS
BREVARD COUNTY DENTAL SOCIETY
BREVARD COUNTY MEDICAL SOCIETY
CENTRAL DISTRICT SOCIETY
FLORIDA DENTAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION