# **CHRISTINA B PAYLAN**

# License Number: ME82839

Profession Medical Doctor
License Status Denied - Rnewal/
Year Began Practicing 01/01/2004
License Expiration 01/31/2016

Date

# General Information

### **Primary Practice Address**

CHRISTINA B PAYLAN 3801 SOUTH MACDILL AVENUE TAMPA, FL 33611 ATTN: CHRISTINA PAYLAN, MD

### Medicaid

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: drpaylan@bodytuck.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICINE
	MEDICINE

### 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 not indicated whether 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 SOUTHERN CALIFOR	MD	6/1/1992 - 5/6/1994	05/06/1994

### **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
USC	LOS ANGELES	CALIFORNIA	01/01/1992	01/01/1996	BS BIOLOGY

# **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
UNIV OF SOUTH FLORIDA-TAMPA GENERAL HOSPITAL	FELLOWSHIP	PS - PLASTIC SURGERY		TAMPA	FLORIDA	06/01/2001	06/01/2002
UNIV OF SOUTH FLORIDA-TAMPA GENERAL HOSPITAL	FELLOWSHIP		SURGERY CRITICAL CARE	TAMPA	FLORIDA	06/01/2004	06/01/2005
NASSA COUNTY MEDICAL CENTER	RESIDENCY	GS - SURGERY		EAST MEADOW	NEW YORK	06/01/1998	06/30/1999

# **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**

### **Specialty Certification**

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# Financial Responsibility

### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

# **Proceedings and Actions**

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**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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
OBTAINING CONTROLLED SUBSTANCES BY FRAUD	08/22/2014	FLORIDA	YES	NOT CORROBORATED	
CRIMINAL USE OF PERSONAL INFORMATION	08/22/2014	FLORIDA	YES	NOT CORROBORATED	

#### **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

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	03/21/2025	SUSPENSION	

Туре	Imposed	Due	Completed	Amt Due	Amt Recvd
BOARD RETAINS JURISDICTION	12/23/2015			\$ 0.00	\$ 0.00
FINE	12/23/2015	11/25/2016		\$ 5,000.00	\$ 0.00
BOARD RETAINS JURISDICTION	12/23/2015			\$ 0.00	\$ 0.00
CONTINUING EDUCATION	12/23/2015			\$ 0.00	\$ 0.00
BOARD RETAINS JURISDICTION	12/23/2015			\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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: AMERICAN ACADEMY OF COSMETIC SURGERY AMERICAN SOCIETY OF COSMETIC BREAST SURGERY AMERICAN ACADEMY OF COSMETIC PHYSICIANS AMERICAN COLLEGE OF 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
RECOGNITION	WHO'S WHO

#### **Publications**

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

Title	Publication	Date
MODERN SURGICAL CARE	SURGICAL TEXTBOOK	07/07/2006

# **Professional Web Page**

WWW.BODYTUCK.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.

**ARMENIAN** 

**TURKISH** 

#### **Other Affiliations**

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

#### Affiliation

FLORIDA MEDICAL ASSOCIATION

TAMPA GENERAL HOSPITAL