LISA MICHELE COHEN

License Number: ME89735

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1989
License Expiration 01/31/2026

Date

General Information

Primary Practice Address

LISA MICHELE COHEN ONE CRANBERRY HILL STE 105 LEXINGTON, MA 02421

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: lisa.cohen@stratadx.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MD
VERMONT	MD
ALASKA	MD
PENNSYLVANIA	MD
KENTUCKY	MD
OREGON	MD
DELAWARE	MD
NEW YORK	PHYSICIAN
OHIO	PHYSICIAN
MASSACHUSETTS	MD
CONNECTICUT	MD
COLORADO	MD
GEORGIA	MD
MAINE	MD
TENNESSEE	MD
NEVADA	MD
NEW HAMPSHIRE	MD
NEW JERSEY	MD

State	Profession
SOUTH CAROLINA	MD
ILLINOIS	MD
ARIZONA	MD
INDIANA	MD
VIRGINIA	MD
MARYLAND	MD
NEBRASKA	MD
RHODE ISLAND	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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF VERMONT	MD	9/1/1985 - 5/20/1989	05/20/1989

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
CORNELL UNIVERSITY	ITHACA	NEW YORK	09/01/1981	06/01/1985	BS BIOLOGY
UNIVERSITY OF VERMONT	BURLINGTON	VERMONT	09/01/1985	06/01/1989	M.D. MEDICAL DOCTOR

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
BOSTON UNIVERSITY MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		BOSTON	MASSACHUSETTS	07/01/1989	06/01/1990
UNIVERSITY OF LOUISVILLE	RESIDENCY	D - DERMATOLOGY		LOUISVILLE	KENTUCKY	07/01/1990	06/01/1993
UNIVERSITY OF COLORADO	FELLOWSHIF	D - DERMATOLOGY		DENVER	COLORADO	09/01/1993	08/01/1994

Academic Appointments

Graduate Medical Education

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

Academic Appointments

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

Title	Institution	City	State
CLINICAL ASSISTANT PROFESSOR	TUFTS UNIVERSITY SCHOOL OF MEDICINE	BOSTON	I MASSACHUSETTS

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 PATHOLOGY	D - DERMATOPATHOLOGY	10/20/1995

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
MEDICAL BOARD OF CALIFORNIA	09/11/2015	REPRIMAND	NO
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION	09/14/2015	CONSENT ORDER	NO
MARYLAND BOARD OF PHYSICIANS	05/02/2016	CONSENT ORDER	NO

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
GEORGIA COMPOSITE MEDICAL BOARD	06/09/2016	CONSENT ORDER	NO
NEVADA STATE BOARD OF MEDICAL EXAMINERS	09/15/2016	REPRIMAND	NO

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
	AMERICAN ACADEM OF DERMATOLOGY
	AMERICAN SOCIETY OF DERMATOPATHOLOGY

Publications

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

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Title		Publication		Date
UGENT RB:LINEAR IGA BULLOUS DE OCCURRING AFTER CAR	RMATOSIS	J AM ACAD DERMATOL 46:S32-3		01/01/2002
INTRADERMAL MELANOCYTIC NEVU SCHWANNIAN	IS WITH PROMINENT	AM J DERMATOPATHOL 24:39-42		01/01/2002
NEVUS SPILUS: CONGENITAL OR AC	QUIRED?	ARCH DERMATOL 137:215-6		01/01/2001
SPECIFIC DERMATOSES OF PREGNEVIDENCE-BASED SYSTEMI	IANCY:AN	AM J OBSTET GYNECOL 188:1083-92		01/01/2003
PERFORATING FOLLICULAR HYBRID TARSUS	CYST OF TE	J AM ACAD DERMATOL 48:S33-4		01/01/2003

Professional Web Page

www.StrataDX.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

Thio	nractitionar k	ann nat	provided or	v notional	ototo	local	oount.	0 5	profossional offiliations	
11115	praculioneri	ias not	provided ar	iy nalional	, state,	iocai,	county,	OI	professional affiliations.	