# JASON EDWARD GRENNAN

# License Number: ME94503

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 07/01/1999
License Expiration 01/31/2026

Date

# **General Information**

# **Primary Practice Address**

JASON EDWARD GRENNAN 1010 N 102ND ST SUITE 201 OMAHA, NE 68114

### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
AURORA BEHAVIORAL HEALTHCARE	SAN DIEGO	CALIFORNIA
CENTRAL VALLEY SPECIALTY HOSPITAL	MODESTO	CALIFORNIA
TYLER CARDIAC & ENDOVASCULAR CENTER	TYLER	TEXAS
OASIS BEHAVIORAL HEALTH HOSPITAL	CHANDLER	ARIZONA
HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	BAKERSFIELD	CALIFORNIA
HEALTHSOUTH REHABILITATION HOSPITAL OF ALBUQUERQUE	ALBUQUERQUE	NEW MEXICO
GENERAL LEONARD WOOD ARMY COMMUNITY HOSPITAL	FORT LEONARD WOOD	MISSOURI
BAYNE-JONES ARMY COMMUNITY HOSPITAL	FORT POLK	LOUISIANA
OASIS HOSPITAL	PHOENIX	ARIZONA
REYNOLDS ARMY COMMUNITY HOSPITAL	FORT SILL	OKLAHOMA
FREMONT AREA MEDICAL CENTER	FREMONT	NEBRASKA
MONTEVISTA HOSPITAL	LAS VEGAS	NEVADA
MUNSON ARMY HEALTH CENTER	FORT LEAVENWORTH	KANSAS
MENLO PARK SURGICAL HOSPITAL	MENLO PARK	CALIFORNIA
WINN ARMY COMMUNITY HOSPITAL	FORT STEWART	GEORGIA
COMPLEX CARE HOSPITAL AT TENAYA	LAS VEGAS	NEVADA
STERLING SURGICAL HOSPITAL	SLIDELL	LOUISIANA

# **Email Address**

Please contact at: jgrennanmd@realrads.com

# **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
ALABAMA	MD
ARIZONA	MD
CALIFORNIA	MD
COLORADO	MD
CONNECTICUT	MD
DISTRICT OF COLUMBIA	MD
DELAWARE	MD
GEORGIA	MD
HAWAII	MD
IOWA	MD
IDAHO	TEMPORARY
IDAHO	MD
ILLINOIS	MD
INDIANA	MD
KANSAS	MD
KENTUCKY	TEMPORARY
KENTUCKY	MD
LOUISIANA	MD
MASSACHUSETTS	MD
MICHIGAN	MD
MINNESOTA	TEMPORARY
MINNESOTA	MD
MISSOURI	MD
MISSISSIPPI	MD
MONTANA	MD
MONTANA	TELEMED
NORTH CAROLINA	MD
NEBRASKA	TRAINING
NEBRASKA	MD
NEW JERSEY	MD
NEW MEXICO	MD
NEVADA	MD
NEW YORK	MD
OHIO	MD
OKLAHOMA	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH CAROLINA	MD
SOUTH CAROLINA	TEMPORARY
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	TEMPORARY
TEXAS	MD
UTAH	MD
VIRGINIA	MD
WASHINGTON WISCONSIN	MD MD

State	Profession
WEST VIRGINIA	MD
WYOMING	MD
WYOMING	TEMPORARY
ALASKA	MD
ARKANSAS	MD
MAINE	MD
MARYLAND	MD
NORTH DAKOTA	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 NEBRASKA MEDICAL		8/21/1995 - 5/8/1999	

# **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
UNIVERSITY OF NEBRASKA - LINCOLN	LINCOLN	NEBRASKA	08/24/1991	05/06/1995	B.S. MEDICINE

# **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

	Program		Other Specialty		State or	Dates Attended	Dates Attended
Program Name	Туре	Specialty Area	Area	City	Country	From	То
UNIVERSITY OF NEBRASKA MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		OMAHA	NEBRASKA	07/01/1999	06/30/2000
UNIVERSITY OF NEBRASKA MEDICAL CENTER	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		OMAHA	NEBRASKA	07/01/2000	06/30/2004
UNIVERSITY OF NEBRASKA MEDICAL CENTER	FELLOWSHIF	OTHER	BODY IMAGING	OMAHA	NEBRASKA	07/01/2004	12/31/2004

# **Academic Appointments**

### **Graduate Medical Education**

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

# **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 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	DR - DIAGNOSTIC RADIOLOGY	

# 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 \*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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
02/19/2006	COLLIER	08-6543-CA	08/22/2016	\$175,000.00	\$500,000.00
02/19/2006	COLLIER	08-6543-CA	10/10/2016	\$175,000.00	\$500,000.00

# **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 not provided any professional or community service activities, honors, or awards.

#### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

# **Professional Web Page**

www.realrads.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 not provided any national, state, local, county, or professional affiliations.