



JAMES BRIAN BILLYS

License Number: ME94682

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	07/01/1981
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

JAMES BRIAN BILLYS
2040 SHORT AVE
ODESSA, FL 33556

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
MEDICAL CENTER OF TRINITY	ODESSA	FLORIDA
	TAMPA	FLORIDA
NORTH BAY HOSPITAL	NEW PORT RICHEY	FLORIDA

Email Address

Please contact at: Dr.Billys@fastmd.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MD
NORTH CAROLINA	MD
TEXAS	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
JEFFERSON COLLEGE	MD	9/1/1977 - 6/1/1981	06/01/1981

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 NOTRE DAME	NOTRE DAME	INDIANA	09/01/1974	05/01/1977	PRE-MED

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
DUKE UNIVERSITY	RESIDENCY	GS - SURGERY		DURHAM	NORTH CAROLINA	07/01/1981	06/01/1983
DUKE UNIVERSITY MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY OF THE SPINE		DURHAM	NORTH CAROLINA	07/01/1983	12/01/1988
THE BUNCKE CLINIC	FELLOWSHIP	OTHER	HAND & MICROVASCULAR RECONSTRUCTIVE SURGERY	SAN FRANCISCO	CALIFORNIA	07/01/1989	06/01/1990
STANFORD UNIVERSITY	FELLOWSHIP	OTHER	SPINE SURGERY	PALO ALTO	CALIFORNIA	01/01/1992	06/01/1992

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
ASSOCIATE CLINICAL PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 ORTHOPAEDIC SURGERY	GS - SURGERY	08/01/2002

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:

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		09/30/2021		OBLIGATION(S) SATISFIED		NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 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](#).

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
12/05/2012		15-CA-5371-A	04/27/2016	\$750,000.00	\$250,000.00
03/13/2015	POLK	17-CA-7597	02/01/2019	\$500,000.00	\$3,000,000.00
05/08/2019	BREVARD		04/20/2020	\$225,000.00	\$0.00
02/02/2015	HERNANDO	17-CA-001402	09/06/2023	\$600,000.00	\$3,000,000.00

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

Community Service/Award/Honor	Organization
ORTHOPAEDIC EDUCATION & RESEARCH FOUND. GRANT 85 TO 86	
NIH CERTIFICATION IN HAND SURGERY	

Publications

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

Title	Publication	Date
ADVANCE PAIN THERAPIES FOR FAILED BACK SURG. SYND.	AMERICAN ACADEMY OR ORTHOPAEDIC SURGEONS	01/01/2005

Professional Web Page

www.floridaortho.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.
SPANISH

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN SOCIETY FOR SURGERY OF THE HAND
ASSH
CERT: HAND SURGERY
DUKE HAND CLUB
NORTH AMERICAN SPINE SOCIETY
PIEDMONT OTHOPAEDIC SOCIETY