



JOEL LOUIS FRAZIER

License Number: ME100473

Profession	Medical Doctor
License Status	DELINQUENT/
Year Began Practicing	08/16/1993
License Expiration	01/31/2024
Date	

## General Information

### Primary Practice Address

JOEL LOUIS FRAZIER  
609 609 E. ORANGEBURG AVE  
SUITE 201  
MODESTO, CA 95350

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

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

### Email Address

Please contact at: JOEL\_FRAZIER@MSN.COM

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OKLAHOMA	
CALIFORNIA	
OHIO	
NEW YORK	
PENNSYLVANIA	

### 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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF CHICAGO	MD	10/1/1981 - 6/1/1985	06/15/1985

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
BINGHAMTON UNIVERSITY-SUNY AT BINGHAMTON	BINGHAMTON	NEW YORK	09/01/1977	06/01/1981	BA - 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
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	RESIDENCY	GS - SURGERY		PHILADELPHIA	PENNSYLVANIA	06/15/1985	07/01/1987
BRONX-LEBANON HOSPITAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		BRONX	NEW YORK	07/01/1988	07/01/1992
NEW YORK UNIVERSITY MEDICAL CENTER	FELLOWSHIP	PS - HAND SURGERY		NEW YORK	NEW YORK	07/01/1992	07/01/1993

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 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	ORS - ORTHOPAEDIC SURGERY	07/01/1995
AMERICAN BOARD OF ORTHOPAEDIC SURGERY	ORS - HAND SURGERY	

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](#).

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
04/20/2024			04/20/2024	\$285,000.00	\$0.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:  
MEDICAL DIRECTOR ORTHOPAEDIC HOSPITAL OF OKLAHOMA CITY OK  
COMPLIANCE DIRECTOR OF ORTHOPAEDIC HOSPITAL OKLAHOMA CITY OK  
COMPLIANCE DIRECTOR TOWER DAY SURGERY OKLAHOMA CITY OK  
QUALITY OF CARE COMMITTEE OKLAHOMA COUNTY MEDICAL SOCIETY

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
VIP MEMBER RECOGNITION OF EXCELLENCE IN BUSINESS TECHNOLOG	STRATHMORE'S WHO'S WHO 2000-2001 EDITION
RECOGNITION OF EXCELLENCE IN BUSINESS TECHNOLOGY ARTS SCI	STRATHMORE'S WHO'S WHO 1999-2000 EDITION
RECOGNITION OF EXCELLENCE IN BUSINESS TECHNOLOGY ARTS SCI	STRATHMORE'S WHO'S WHO 1998 1999 EDITION
HONORED PROFESSIONAL	NATIONAL DIRECTORY OF WHO'S WHO IN EXECUTIVES AND PROFESSION
2008 2009 EDITION AMERICA'S TOP ORTHOPEDISTS	CONSUMERS' RESEARCH COUNCIL OF AMERICA

## Publications

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

Title	Publication	Date
STRUCTURE AND FUNCTION OF THE ELBOW JOINT	ORTHOPEDICS BASIC SCIENCE AMERICAN ACADEMY OF ORTHOPEDIC SU	01/01/1994
STRUCTURE AND FUNCTION OF THE HAND AND WRIST	ORTHOPEDICS BASIC SCIENCE AMERICAN ACADEMY OF ORTHOPEDIC SU	01/01/1994
INTERNAL FIXATION OF DISTAL RADIUS FRACTURES VOLAR APPROACH	TECHNIQUES IN HAND SURGERY PHILADELPHIA LEA AND FEIGNER 1	01/01/1995
STRUCTURE AND FUNCTION OF THE ELBOW JOINT	ORTHOPEDICS BASIC SCIENCE AMERICAN ACADEMY OF ORTHOPEDIC SU	01/01/1999
STRUCTURE AND FUNCTION OF THE HAND AND WRIST	ORTHOPEDICS BASIC SCIENCE AMERICAN ACADEMY OF ORTHOPEDIC SU	01/01/1999
WALERIAN DEGENERATION AND INFLAMMATION IN RAT PERIPHERAL NER	AMERICAN JOURNAL OF NEUROPATHOLOGY	05/01/1989
MR IMAGING OF PERIPHERAL NERVE TRANSPLANTS IN RAT ITS VALUE	SOUTHERN MEDICAL JOURNAL	06/01/1990
MONTEGGIA TYPE I EQUIVALENT LESION DIAPHYSEAL ULNA AND PROX	J OF ORTHO TRAUMA	05/01/1991
THE EXTENDED PERIPHERAL NERVE ALLOGRAFT SURVIVAL AND FUNCTIO	J OF BONE AND JOINT SURG ORTHOPEDIC TRANSACTIONS	12/01/1991
THE EXTENDED PERIPHERAL NERVE ALLOGRAFT SURVIVAL AND FUNCTIO	J HAND SURGERY 18A 100-106 1993	06/01/1993
INJECTABLE COLLAGENASE CLOSTRIDIUM HISTOLYTICUM FOR DUPUYTRE	N ENGL J MED 2009 361 968-79	09/04/2009
NO-KNOT FLEXOR TENDON REPAIR A BIOMECHANICAL CADAVER STUDY	JHS VOL 34E SUP 1 PG 6-7 JUNE 2009	06/01/2009
MIGRATION AND MOTILITY OF SPERMATOOZOA IN THE FEMALE REPRODUC	PARASITOLOGY VOLUME 136 ISSUE 05 PP 511-521 2009	03/06/2009

## Professional Web Page

www.ortho-ok.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 ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN MEDICAL ASSCIATION
AMERICAN SOCIETY FOR SURGERY OF THE HAND
MID-AMERICA ORTHOPAEDIC ASSOCIATION

