



## JAMES DOUGLAS GREEN JR

License Number: ME58964

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1986  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

JAMES DOUGLAS GREEN JR  
10475 CENTURION PARKWAY N  
SUITE 303  
JACKSONVILLE, FL 32256

### 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
WOLFSON CHILDREN'S HOSPITAL	JACKSONVILLE	FLORIDA
ST. VINCENTS MEDICAL CENTER	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER- SOUTH	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [jgreenmd@nflsurgeons.com](mailto:jgreenmd@nflsurgeons.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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 OKLAHOMA COLLEGE	MD	1/1/1981 - 6/1/1985	06/01/1985

## 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
MAYO GRADUATE SCHOOL	ROCHESTER	MINNESOTA	07/01/1986	02/21/1992	MS BIOMEDICAL SCIENCES

## 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
MAYO GRADUATE SCHOOL OF MEDICINE	INTERNSHIP	GS - SURGERY		ROCHESTER	MINNESOTA	06/29/1985	06/30/1986
MAYO GRADUATE SCHOOL	RESIDENCY	OTO - OTOLARYNGOLOGY		ROCHESTER	MINNESOTA	07/01/1985	06/30/1990
HOUSE EAR INSTITUTE	FELLOWSHIP	OTO - OTOLOGY-NEUROTOLOGY		LOS ANGELES	CALIFORNIA	07/01/1990	06/30/1991

## 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 OTOLARYNGOLOGY	OTO - OTOLOGY-NEUROTOLOGY	

## 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

## Background & History

### 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
04/23/2019	DUVAL	131414744	09/23/2022	\$500,000.00	\$500,000.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

AMERICAN ACADEMY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY  
AMERICAN NEUROTOLOGY SOCIETY  
AMERICAN OTOLOGIC SOCIETY  
CHRISTIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
NORTHEAST FLORIDAS TOP DOCS IN OTOLOGY	JACKSONVILLE MAGAZINE
RESIDENT TRAVEL AWARD	ASSOCIATION FOR RESEARCH IN OTOLARYNGOLOGY
HEARING RESEARCH AWARD	MINNESOTA SOCIETY FOR THE PREVENTION OF BLINDNESS AND PRES

WHO'S WHO IN AMERICAN COLLEGES &amp; UNIVERSITIES

## Publications

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

Title	Publication	Date
NEOPLASMS OF THE VAGUS NERVE	LARYNGOSCOPE	01/01/1988
UNSUSPECTED FOREIGN BODY IN THE FRONTAL SINUS AND ANTERIOR	ANNUAL EMERGENCY MEDICINE	01/01/1989
THREE DIMENSIONAL RECONSTRUCTION OF THE HUMAN TEMPORAL BONE	LARYNGOSCOPE	01/01/1990
TEMPORAL BONE HISTOPATHOLOGY	AMERICAN JOURNAL OF OTOLARYNGOLOGY	01/01/1990
HISTOPATHOLOGIC IMPLICATIONS FOR COCHLEAR IMPLANTATION	OTOLARYNGOLOGY-HEAD AND NECK SURGERY	01/01/1991

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

## Professional Web Page

[www.jhbi.org](http://www.jhbi.org)

## 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 OTOLARYNGOLOGY-HEAD & NECK SURGERY
AMERICAN MEDICAL ASSOCIATION
AMERICAN NEUROLOGIC SOCIETY
CHRISTIAN SOCIETY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY
DUVAL COUNTY MEDICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION
HOUSE EAR INSTITUTE ALUMNI FELLOWSHIP GROUP
JACKSONVILLE SOCIETY OF OTOLARYNGOLOGY