



## DAVID ASHLEY HILL

License Number: ME61923

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1994
License Expiration Date	01/31/2028

## General Information

### Primary Practice Address

DAVID ASHLEY HILL  
235 EAST PRINCETON STREE  
#200  
ORLANDO, FL 32804

### 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
ADVENT HEALTH WINTER PARK, FL.	ORLANDO	FLORIDA

### Email Address

Please contact at: [Ashley.Hill.MD@AdventHealth.com](mailto:Ashley.Hill.MD@AdventHealth.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 SOUTH FLORIDA	MD	1/1/1986 - 1/1/1990	01/01/1990

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
ECKERD COLLEGE	ST PETERSBURG	FLORIDA	01/01/1983	01/01/1986	BS 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
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		TAMPA	FLORIDA	07/01/1990	06/30/1994
CHARITY HOSPITAL/LOUISIANA STATE UNIVERSITY	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		NEW ORLEANS	LOUISIANA	07/01/1990	06/30/1991

Academic Appointments

Graduate Medical Education

This practitioner has not 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 ASSOCIATE PROFESSOR	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	ORLANDO	FLORIDA
ADJUNCT PROFESSOR	UNIVERSITY OF CENTRAL FLORIDA SCHOOL OF MEDICINE	ORLANDO	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 OBSTETRICS & GYNECOLOG	OBG - OBSTETRICS AND GYNECOLOGY	

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](#).**

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 an affiliation with the following committees:

EXECUTIVE MEDICAL DIRECTOR WOMEN'S HEALTH  
QUALITY IMPROVEMENT COMMITTEE/ADVENTHEALTH  
PERINATAL COLLABORATIVE COMMITTEE

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

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

Title	Publication	Date
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Title	Publication	Date
NAUSEA AND VOMITING OF PREGNANCY	AM FAM PHYSICIAN 68:121-8	01/01/2003
HYPOKALEMIC MYOPATHY OM [REGNANCY CAUSED BY OBSTE GYNECOL 102(5 SUPPL):1169-71 CLAY INGESTION		01/01/2003
ABNORMAL UTERINE BLEEDING	CLINICAL GUIDE TO ULTRASONOGRAPHY	01/01/2004
OFFICE MANAGEMENT OF BARTHOLIN GLAND CYSTS AND ABSCESES	AMERICAN JOURNAL OF FAMILY PHYSICIANS	01/01/1998
NEW CERVICAL CANCER SCREENING GUIDELINES FEWER PAP TESTS F	AMERICAN FAMILY PHYSICIAN	06/01/2009
EFFECT OF LUBRICATING GEL ON PATIENT COMFORT DURING VAGINAL	OBSTET GYNECOL	02/01/2012
RATIONALE FOR A 39 WEEK ELECTIVE DELIVERY POLICY	AM FAM PHYSICIAN	12/15/2011
LAPAROSCOPIC LIGATION OF A FIRST-TRIMESTER OVARIAN ARTERY PS	CRSLS E2015 00030 DOI 10 4293 JSLS 2015 00030	07/01/2015
SHEATHED VERSUS STANDARD SPECULUM FOR VISUALIZATION OF THE C	INT J GYNECOL OBSTET	02/01/2014
COUNSELING PATIENTS ABOUT HORMONE THERAPY AND ALTERNATIVES F	AM FAM PHYSICIAN 2010 82 801-7	10/01/2010

### Professional Web Page

www.LochHavenObGyn.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
ALPHA OMEGA ALPHA
AMERICAN BOARD OF MEDICAL EXAMINERS
AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGIST