



## GEORGE DEWEY LYLE MD

License Number: ME64521

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1991  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

GEORGE DEWEY LYLE MD  
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### 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
HEART OF FLORIDA REGIONAL MEDICAL CENTER	DAVENPORT	FLORIDA
SOUTH LAKE HOSPITAL	CLERMONT	FLORIDA
WINTER HAVEN AMBULATORY SURGICAL CENTER	WINTER HAVEN	FLORIDA
WINTER HAVEN HOSPITAL	WINTER HAVEN	FLORIDA
HEALTH CENTRAL	OCOEE	FLORIDA

### Email Address

Please contact at: [glyle1101@gmail.com](mailto:glyle1101@gmail.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 is exempt from paying assessment.

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF VIRGINIA-CHARLOT	MD	8/1/1981 - 5/13/1985	05/13/1985
TULANE UNIVERSITY OF LOUISIANA	BS	8/1/1977 - 5/1/1981	05/01/1981

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

## 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
NAVAL MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		SAN DIEGO	CALIFORNIA	07/01/1985	06/30/1986
NAVAL MEDICAL CENTER	RESIDENCY	OTO - OTOLARYNGOLOGY		SAN DIEGO	CALIFORNIA	08/01/1987	08/31/1991

## 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 - OTOLARYNGOLOGY	04/07/1992
AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY	AI - ALLERGY AND IMMUNOLOGY	

## Financial Responsibility

### Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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.

#### 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
01/28/2021	HIGHLANDS	2023-CA-004309	04/29/2024	\$700,000.00	\$1,000,000.00

## Optional Information

### Committees/Memberships

This practitioner has an affiliation with the following committees:

MEDICAL STAFF WINTER HAVEN HOSPITAL  
SURGERY SECTION WINTER HAVEN HOSPITAL  
BOARD OF DIRECTORS WINTER HAVEN AMBULATORY SURGERY CENTER  
MEDICAL ADVISORY COMMITTEE WINTER HAVEN AMBULATORY SURGERY  
CREDENTIALS COMMITTEE, WINTER HAVEN HOSPITAL

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
DIPLOMATE	AMERICAN BOARD OF OTOLARYNGOLOGY-HEAD & NECK SURGERY
FELLOW	AMERICAN ACADEMY OF FACIAL PLASTIC & RECONSTRUCTIVE SURGER
FELLOW	AMERICAN ACADEMY OF OTOLARGINIC ALLERGY
FELLOW	AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD & NECK SURGERY
FELLOW	AMERICAN COLLEGE OF SURGEONS
FELLOW	AMERICAN HEAD & NECK SOCIETY
PHI BETA SIGMA HONOR SOCIETY	TULANE UNIVERSITY

Community Service/Award/Honor	Organization
GOLD ASTAR	NAVY COMMENDATION MEDAL

## Publications

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

Title	Publication	Date
DIFFERENTIATING SPECIFIC MEMBRANE TRANSPORT MECHANISMS...	INTERNATIONAL SYMPOSIA ON BIOLOGY AND MEDICINE	03/01/1981
EFFECTS OF THROMBIN VERSUS PHENYLEPHRINE ON HEMOSTASIS...	ATLANTIC COAST CONFERENCE ON MEDICAL RESEARCH	
GRANULAR CELL TUMOR: ATYPICAL PEDIATRIC PRESENTATION	MOROKA PACIFIC COAST OTO-OPHTHALMOLOGICAL SOCIETY	06/01/1990
RIM MANDIBULECTOMY: A BIO MECHANICAL ANALYSIS	CALIFORNIA SOCIETY OF PLASTIC SURGEONS	01/01/1991

## Professional Web Page

[www.barrancoclinic.com](http://www.barrancoclinic.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 MEDICAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION
FLORIDA SOCIETY OF FACIAL PLASTIC & RECONSTRUCTIVE SURGERY
FLORIDA SOCIETY OF OTOLARYNGOLOGY
POLK COUNTY MEDICAL ASSOCIATION
SAN DIEGO ACADEMY OF OTOLARYNGOLOGISTS
SOCIETY FOR MILITARY OTOLARYNGOLOGISTS