## **OLIVER LENZ**

## License Number: ME83735

ProfessionMedLicense StatusClearYear Began PracticingNotLicense Expiration Date01/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active Not Provided 01/31/2026 Yes

# **General Information**

#### **Primary Practice Address**

OLIVER LENZ NYU LANGONE HEALTH 157 E WOODSIDE AVE E PATCHOGUE, NY 11772

#### Medicaid

This practitioner DOES participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	PATCHOGUE	NEW YORK

## **Email Address**

Please contact at: oliver.lenz@nyulangone.org

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL LICENSE
CALIFORNIA	PHYSICIAN'S AND SURGEON'S LICENSE
NEW YORK	MEDICINE AND SURGERY

## 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
LUDWIG-MAXIMILIANS-UNIVERSITAT	MD	4/13/1992 - 9/30/1993	09/30/1993

## **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
NIH	FELLOWSHIP	IM - NEPHROLOGY		BETHESDA	MARYLAND	05/01/1995	12/31/1997
UNIVERSITY OF MIAMI	FELLOWSHIP	IM - NEPHROLOGY		MIAMI	FLORIDA	01/01/1998	05/30/1999
JACKSON MEMORIAL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	06/01/1999	06/30/2001
JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	IM - NEPHROLOGY		MIAMI	FLORIDA	07/01/2001	06/30/2002

# 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
CLINICAL PROFESSOR OF MEDICINE	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	NEW YORK

# **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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - NEPHROLOGY	

# 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: NEPHROLOGY FELLOWS SELECTION COMMITTEE 2003-2020 American Society of Nephrology Florida Society of Nephrology

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
NEPHROLOGY FELLOW TEACHING AWARD 2016	JACKSON MEMORIAL HOSPITAL, MIAMI FL
NEPHROLOGY FELLOW TEACHING AWARD 2020	UNIVERSITY OF MIAMI, MIAMI FL

#### **Publications**

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

Title	Publication	Date
ASSESSING NEPHROLOGY FELLOW COMMUNICATION SKILLS AND PROFESSIONALISM: MULTI-CENTER IMPLEMENTATION OF A FORMATIVE SIMULATION EXERCISE ON BREAKING BAD NEWS	AM J KID DIS 78(4):541	01/01/2021
SEQUENTIAL THERAPIES FOR PROLIFERATIVE LUPUS NEPHRITIS	NEW ENGLAND JOURNAL OF MEDICINE 350:970-980	01/01/2004
GLUCOSE INDUCES CLONAL SELECTION AND REVERSIBLE DINUCLEOTI	DIABETES, 52:2594-2602	01/01/2003
ASSOCIATION OF A DECREASED NUMBER OF D(CA) REPEATS IN THE	JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY 13:2068-2076	01/01/2002
EXPRESSION AND REGULATION OF ESTROGEN RECEPTORS IN MESANGR	JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY 12:241-251	01/01/2001

## **Professional Web Page**

https://nyulangone.org/doctors/1992735039/oliver-lenz?cid=se

#### 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. GERMAN

#### **Other Affiliations**

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

Affiliation	
AMERICAN COLLEGE OF PHYSICIANS	
AMERICAN SOCIETY OF NEPHROLOGY	
CERT: INTERNAL MEDICINE	
CERT: NEPHROLOGY	