#### **ALAIA GREENE DO**

# License Number: OS9408

Profession Osteopathic Physician

License Status CLEAR/Active
Year Began Practicing 01/01/1999
License Expiration 03/31/2026

Date

# General Information

# **Primary Practice Address**

ALAIA GREENE DO 16050 GLASS LAKE DR ODESSA, FL 33556

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: alaiagreene@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	INTERNAL MEDICINE

# 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 MEDICINE AND DEN	DO	8/1/1992 - 5/22/1996	05/22/1996

## **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

			Dates Attended	Dates Attended	
School/University	City	State/Country	From	То	Degree Title
RUTGERS UNIVERSITY	PISCATAWAY	NEW JERSEY	09/01/1988	06/01/1992	BS BIOLOGY
UWA SCHOOL OF PUBLIC HEALTH	SEATTLE	WASHINGTON	06/30/2002	06/30/2003	MPH MASTER OF PUBLIC HEALTH

# **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
UF-SHANDS	INTERNSHIP	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/1996	06/30/1997
UF-SHANDS	RESIDENCY	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/1997	06/30/1999
UWA	FELLOWSHIP	IM - INFECTIOUS DISEASE		SEATTLE	WASHINGTON	07/01/1999	06/30/2003

# **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 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

# Financial Responsibility

# **Financial Responsibility**

Financial Exemption 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: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION AOA AND FOMA

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

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

Community Service/Award/Honor	Organization
CDC FELLOW AWARD	ASSOC. OF TEACHERS OF PREVENTIVE MEDICINE
RESEARCH AWARD	INFECTIOUS DISEASE SOCIETY OF WASHINGTON
OUTSTANDING RESIDENT FOR EXCELLENCE IN INTERNAL MEDICINE	ACP-FLORIDA CHAPTER

# **Publications**

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

Title	Publication	Date
EVALUATION OF GENITAL SITES & SAMPLING TECHNIQUES HPV DNA	INFECTIOUS DISEASE JOURNAL	11/01/2004
SYSTEMIC INFLAMMATORY RESPONSE SYNDROME, ORGAN FAILURE	CHEST	10/01/2001

Title	Publication	Date
BACTERMIA IN HOSPITALIZED PATIENTS WITH HIV:	BMC INFECTIOUS DISEASE	09/07/2001
PROSPECTIVE		

# **Professional Web Page**

www.healingrestored.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 not provided any national, state, local, county, or professional affiliations.