

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

5500000151285631

Process Date: 09/06/2019

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To: MORRIS, VERNON RAYMOND JR

128 S HUCKLEBERRY LAKE DR

SEBRING, FL 33875-5620

From: National Practitioner Data Bank**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

MORRIS, VERNON RAYMOND JR - SELF-QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: MORRIS, VERNON RAYMOND JR
Date of Birth: 09/03/1948 **Gender:** MALE
Delivery Address: 128 S HUCKLEBERRY LAKE DR, SEBRING, FL 33875-5620
Social Security Number: ***-**-8611 **NPI:** 1669424438
FEIN: 020645026
License: PHYSICIAN (MD), ME85558, FL, ORTHOPEDIC SURGERY
Professional School(s): TEMPLE UNIVERSITY (1974)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX5773 (05/2024)
NPDB Charge: \$4.00 **NPDB Bill Reference Number:** N64848267
Transaction Date: 09/06/2019 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 09/06/2019**The following report types have been searched:**

Medical Malpractice Payment Report(s):	Yes, See Below	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

NATIONAL FIRE & MARINE INSURANCE COMPANY**MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - WRONG BODY PART

Initial Action: - SETTLEMENT **Date of Action:** 11/07/2017
DCN: 5500000129329654

LEXINGTON INSURANCE COMPANY**MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT **Date of Action:** 07/25/2011
DCN: 5500000071727883

LASER SPINE INSTITUTE**MEDICAL MALPRACTICE PAYMENT**

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT **Date of Action:** 07/22/2011
DCN: 5500000070022616

PA PROP & CAS INS GUAR ASSN**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - SURGERY: IMPROPER PERFORMANCE OF SURGERY**Initial Action:** - SETTLEMENT
DCN: 5500000015628922**Date of Action:** 12/15/1999**PIC INSURANCE GROUP, INC.****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - TREATMENT: IMPROPER MANAGEMENT OF COURSE OF TREATMENT**Initial Action:** - SETTLEMENT
DCN: 5500000004407880**Date of Action:** 11/22/1996**PHYSICIANS INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - SURGERY: WRONG BODY PART**Initial Action:** - JUDGMENT
DCN: 5500000002302256**Date of Action:** 03/29/1996**ST PAUL INS CO - PHILADELPHIA****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - DIAGNOSIS: NOT OTHERWISE CLASSIFIED - DIAGNOSIS: NOT OTHERWISE CLASSIFIED**Initial Action:** - SETTLEMENT
DCN: 1019950930140000**Date of Action:** 03/16/1995**MED PROF LIAB CATASTROPHE LOSS FUND****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - SURGERY: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED CONSENT**Initial Action:** - SETTLEMENT
DCN: 1019950320349000**Date of Action:** 12/30/1994**ST PAUL INS CO - PHILADELPHIA****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - TREATMNT: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED CONSENT - TREATMNT: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED CONSENT**Initial Action:** - SETTLEMENT
DCN: 1019941150340000**Date of Action:** 04/20/1994**ST PAUL FIRE & MARINE INSURANCE CO.****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - DIAGNOSIS: DELAY IN DIAGNOSIS - TREATMENT: FAILURE TO TREAT**Initial Action:** - SETTLEMENT
DCN: 1019910500234000**Date of Action:** 12/17/1990

NPDB

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----- Unabridged Report(s) Follow -----

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MORRIS, VERNON RAYMOND JR.

MORRIS, VERNON RAYMOND JR.**NATIONAL FIRE & MARINE INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 11/07/2017****Initial Action****Basis for Initial Action**

- SETTLEMENT

- WRONG BODY PART

**A. REPORTING
ENTITY**

Entity Name: NATIONAL FIRE & MARINE INSURANCE COMPANY

Address: 1314 DOUGLAS ST STE 1400

City, State, Zip: OMAHA, NE 68102-1944

Country:

Name or Office: CATHRYN INGWERSON

Title or Department: CLAIMS OPERATIONS SPECIALIST

Telephone: (609) 452-9404 Ext. 5397

Entity Internal Report Reference: 1028368-01

Type of Report: INITIAL

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON RAYMOND JR.

Other Name(s) Used:

Gender: MALE

Date of Birth: 09/03/1948

Organization Name: SEBRING PEDIATRICS

Work Address: 3201 MEDICAL WAY STE 101

City, State, ZIP: SEBRING, FL 33870-5412

Home Address:

City, State, ZIP:

Deceased: UNKNOWN

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD017002E, PA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 11/15/2017

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 275,000.00

Date of This Payment: 11/07/2017

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 275,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 09/27/2017

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Adjudicative Body Case Number: 2015-CV-20359

Adjudicative Body Name: MONTGOMERY COURT OF COMMON PLEA

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: A single final payment of \$275,000.00.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 275,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: UNKNOWN

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: UNKNOWN

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 36 YEARS

Patient's Gender: MALE

Patient's Type: UNKNOWN

Description of the Medical Condition With Which the Patient

Presented for Treatment: back problems

Description of the Procedure Performed: surgery at L4/L5

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: WRONG BODY PART (330)

Date of Event Associated With Allegation or Incident: 04/28/2014

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

Plaintiff alleged that surgery was performed at L4-5 instead of L5-S1. It is Dr. Morris' position that there was no conceivable relationship between the surgery performed and subsequent problems.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐

This report has been disputed by the subject identified in Section B.

☐

At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

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☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/15/2017

Date of Most Recent Change: 11/15/2017

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

The Data Bank attempted to notify the Subject Identified in Section B on 11/15/2017 at the address below, but the attempt was unsuccessful.

3000 W VALLEY FORGE CIRCLE
KING OF PRUSSIA, PA 19406

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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DISCLOSURE HISTORY

Report Number: 5500000129329654

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
11/15/2017	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

Date Released	Entity Name
11/15/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
11/15/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500

Date Released	Entity Name
11/15/2017	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022

Date Released	Entity Name
11/15/2017	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

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MORRIS, VERNON RAYMOND JR.

<u>Date Released</u>	<u>Entity Name</u>
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687
<u>Date Released</u>	<u>Entity Name</u>
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
<u>Date Released</u>	<u>Entity Name</u>
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340
<u>Date Released</u>	<u>Entity Name</u>
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902
<u>Date Released</u>	<u>Entity Name</u>
02/20/2019	DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL 33418 (561) 427-4872
<u>Date Released</u>	<u>Entity Name</u>
08/15/2019	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800
<u>Date Released</u>	<u>Entity Name</u>
09/06/2019	SELF-QUERIER

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MORRIS, VERNON RAYMOND JR

MORRIS, VERNON RAYMOND JR**LEXINGTON INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 07/25/2011****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO TREAT

**A. REPORTING
ENTITY**

Entity Name: LEXINGTON INSURANCE COMPANY *

Address: 101 HUDSON STREET
28TH FLOOR

City, State, Zip: JERSEY CITY, NJ 07302

Country:

Name or Office: GWENDOLYN JONES

Title or Department: CLAIMS ASST.

Telephone: (201) 631-7732

Entity Internal Report Reference: 394-018339

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/06/2019:

Entity Name: LEXINGTON INSURANCE COMPANY

Address: 17200 W 119TH ST

City, State, Zip: OLATHE, KS 66061-7054

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON RAYMOND JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 09/03/1948

Organization Name: LASER SPINE INSTITUTE

Work Address: 3001 N ROCKY POINT DRIVE, SUITE 400

City, State, ZIP: TAMPA, FL 33607

Home Address:

City, State, ZIP:

Deceased: UNKNOWN

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: ME85558, FL

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): TAMPA GENERAL

TAMPA, FL

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MORRIS, VERNON RAYMOND JR

**C. INFORMATION
REPORTED**

Date of Report: 11/15/2011

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 7,395.00

Date of This Payment: 07/25/2011

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 7,395.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 07/13/2011

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: SINGLE PAYMENT WAS MADE BY CHARTIS OF \$7,395. SELF
INSURED EMPLOYER; LASER SPINE INSTITUTE PAID \$90,105.**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 7,395.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: YES

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies: \$ 90,105.00

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 54 YEARS

Patient's Gender: FEMALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

PATIENT PRESENTED TO LSI IN 2008 WITH LEFT SIDE THORACIC
SPINE PAIN THAT RADIATED TO HER ANTERIOR CHEST, AND
CERVICAL SPINE PAIN THAT RADIATED TO HER LEFT ARM. SHE
ALSO COMPLAINED OF LOWER BACK PAIN THAT RADIATED TO HER
LEFT HIP.

Description of the Procedure Performed:

UNDERWENT AN ENDOSCOPIC LUMBAR R L4-5
LAMINOTOMY/FORAMINOTOMY NERVE ROOT DECOMPRESSION
SURGERY.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: FAILURE TO TREAT (113)

Date of Event Associated With Allegation or Incident: 11/05/2008

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

PATIENT ALLEGES THAT PHYSICIAN FAILED TO PROPERLY TREAT
AND MONITOR A SURGICAL DURAL LEAK. AS A RESULT OF
ALLEGED NEGLIGENCE, PATIENT CONTRACTED BACTERIAL
MENINGITIS RESULTING IN HOSPITALIZATION, AND ALLEGED
HAIR AND HEARING LOSS.**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

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**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/15/2011

Date of Most Recent Change: 11/15/2011

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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DISCLOSURE HISTORY

Report Number: 5500000071727883

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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Date Released	Entity Name
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639

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Date Released	Entity Name
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000071727883

Process Date: 11/15/2011

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MORRIS, VERNON RAYMOND JR

<u>Date Released</u>	<u>Entity Name</u>
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000071727883

Process Date: 11/15/2011

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MORRIS, VERNON RAYMOND JR

Date Released

02/20/2019

Entity NameDANE STREET, LLC
7121 FAIRWAY DR STE 105
PALM BEACH GARDENS, FL 33418
(561) 427-4872

Date Released

08/15/2019

Entity NameALL CARE CONSULTANTS
3333 W COMMERCIAL BLVD STE 101
FORT LAUDERDALE, FL 33309
(954) 748-2800

Date Released

09/06/2019

Entity Name

SELF-QUERIER

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000070022616

Process Date: 08/11/2011

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MORRIS, VERNON RAYMOND JR

MORRIS, VERNON RAYMOND JR***LASER SPINE INSTITUTE, LLC*****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 07/22/2011****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO TREAT

**A. REPORTING
ENTITY**

Entity Name: LASER SPINE INSTITUTE *

Address: 3031 N. ROCKY POINT DR. W., SUITE 300

City, State, Zip: TAMPA, FL 33607

Country:

Name or Office: CHARLES BLAND

Title or Department: LICENSING AND CREDENTIALING MANGER

Telephone: (813) 392-7604

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 10/19/2017:

Entity Name: LASER SPINE INSTITUTE, LLC

Address: 5332 AVION PARK DR

City, State, Zip: TAMPA, FL 33607-1412

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON RAYMOND JR

Other Name(s) Used:

Gender: MALE

Date of Birth: 09/03/1948

Organization Name: LASER SPINE INSTITUTE, LLC

Work Address: 3001 N. ROCKY POINT DRIVE

SUITE 400

City, State, ZIP: TAMPA, FL 33607

Home Address: 3000 W VALLEY FORGE CIRCLE

City, State, ZIP: KING OF PRUSSIA, PA 19406

Deceased: NO

Social Security Numbers (SSN): ***-**-8611

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERISTY SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: ME85558, FL

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 036105424, IL

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD017002E, PA

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 73111, NJ

Occupation/Field of Licensure: PHYSICIAN (MD)

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070022616**Process Date:** 08/11/2011**Page:** 2 of 4**MORRIS, VERNON RAYMOND JR**

State License Number, State of Licensure: CI16352, DE
 Occupation/Field of Licensure: PHYSICIAN (MD)
 State License Number, State of Licensure: 38037, AZ
 Drug Enforcement Administration (DEA) Numbers: FM1671812
 Hospital Affiliation(s): PAOLI HOSPITAL
 PAOLI, PA
 BRYN MAWR HOSPITAL
 BRYN MAWR, PA
 TAMPA GENERAL HOSPITAL
 TAMPA, FL

**C. INFORMATION
REPORTED****Date of Report:** 08/11/2011**Relationship of Entity to****This Practitioner:** SELF-INSURED ORGANIZATION**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER****Amount of This Payment****for This Practitioner:** \$ 90,105.00**Date of This Payment:** 07/22/2011**This Payment Represents:** A SINGLE FINAL PAYMENT**Total Amount Paid or to Be Paid by****This Payer for This Practitioner:** \$ 90,105.00**Payment Result of:** SETTLEMENT**Date of Judgment or Settlement, if Any:** 07/13/2011**Adjudicative Body Case Number:****Adjudicative Body Name:****Court File Number:****Description of Judgment or Settlement and Any****Conditions, Including Terms of Payment:**

SINGLE PAYMENT BY SELF INSURED EMPLOYER THE LASER SPINE
 INSTITUTE FOR \$90,105.00 TO SETTLE ALL CLAIMS ALLEGED BY
 PLAINTIFF. ADDITIONAL PAYMENT WAS MADE BY INSURANCE
 CARRIER CHARTIS OF \$7,395.00 ON BEHALF OF THE PHYSICIAN
 TO SETTLE ALL CLAIMS ALLEGED BY THE PLAINTIFF.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**Total Amount Paid or to Be Paid by This Payer for All****Practitioners in This Case:** \$ 90,105.00**Number of Practitioners for Whom This Payer Has Paid****or Will Pay in This Case:** 1**PAYMENTS BY OTHERS FOR THIS PRACTITIONER****Has a State Guaranty Fund or State Excess Judgment Fund****Made a Payment for This Practitioner in This Case, or Is Such a****Payment Expected to Be Made?:** NO**Amount Paid or Expected to Be Paid by the State Fund:****Has a Self-Insured Organization and/or Other Insurance****Company/Companies Made Payment(s) for This Practitioner in****This Case, or Is/Are Such Payment(s) Expected to Be Made?:****Amount Paid or Expected to Be Paid by Self-Insured****Organization(s) and/or Other Insurance Company/Companies:****CLASSIFICATION OF ACT(S) OR OMISSION(S)****Patient's Age at Time of Initial Event:** 54 YEARS**Patient's Gender:** FEMALE**Patient's Type:** OUTPATIENT**Description of the Medical Condition With Which the Patient****Presented for Treatment:**

HISTORY INCLUDED DISC REPLACEMENT SURGERY AT L4/5 AND
 L5/S1 PERFORMED IN GERMANY IN 2005. PATIENT PRESENTED TO
 LSI IN 2008 WITH LEFT SIDE THORACIC SPINE PAIN THAT
 RADIATED TO HER ANTERIOR CHEST, AND CERVICAL SPINE PAIN
 THAT RADIATED TO HER LEFT ARM. SHE ALSO COMPLAINED OF

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NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070022616**Process Date:** 08/11/2011**Page:** 3 of 4**MORRIS, VERNON RAYMOND JR**

Description of the Procedure Performed: LOWER BACK PAIN THAT RADIATED TO HER LEFT HIP.
ON NOVEMEER 5, 2008 A FIFTY-FOUR YEAR OLD FEMALE
UNDERWENT AN ENDOSCOPIC LUMBAR R L4-5
LAMINOTOMY/FORAMINOTOMY NERVE ROOT DECOMPRESSION
SURGERY.

Nature of Allegation: SURGERY RELATED (020)**Specific Allegation:** FAILURE TO TREAT (113)**Date of Event Associated With Allegation or Incident:** 11/05/2008**Outcome:** MAJOR TEMPORARY INJURY (04)

**Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based:**

PATIENT ALLEGES THAT PHYSICIAN FAILED TO PROPERLY TREAT
AND MONITOR A SURGICAL DURAL LEAK. AS A RESULT OF
ALLEGED NEGLIGENCE, PATIENT CONTRACTED BACTERIAL
MENINGITIS RESULTING IN HOSPITALIZATION, AND ALLEGED
HAIR AND HEARING LOSS.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 09/13/2011

Infection is a known complication of all surgery, and a higher risk given previous surgery. The patient's "power walking" within days of the surgery speak to the initial success, but the associated frictional rubbing of the nerves against the new bone edges certainly may have caused or enlarged a tiny spinal leak.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/11/2011**Date of Most Recent Change:** 08/11/2011**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

DCN: 5500000070022616

Process Date: 08/11/2011

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MORRIS, VERNON RAYMOND JR

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000070022616

Process Date: 08/11/2011

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MORRIS, VERNON RAYMOND JR

DISCLOSURE HISTORY

Report Number: 5500000070022616

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070022616

Process Date: 08/11/2011

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MORRIS, VERNON RAYMOND JR

Date Released	Entity Name
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070022616

Process Date: 08/11/2011

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MORRIS, VERNON RAYMOND JR

Date Released	Entity Name
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070022616

Process Date: 08/11/2011

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MORRIS, VERNON RAYMOND JR

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000070022616

Process Date: 08/11/2011

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MORRIS, VERNON RAYMOND JR

Date Released

01/17/2019

Entity NameGENEX SERVICES, LLC
440 E SWEDESFORD RD STE 1000
WAYNE, PA 19087
(215) 298-4902

Date Released

02/20/2019

Entity NameDANE STREET, LLC
7121 FAIRWAY DR STE 105
PALM BEACH GARDENS, FL 33418
(561) 427-4872

Date Released

08/15/2019

Entity NameALL CARE CONSULTANTS
3333 W COMMERCIAL BLVD STE 101
FORT LAUDERDALE, FL 33309
(954) 748-2800

Date Released

09/06/2019

Entity Name

SELF-QUERIER

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>DCN: 5500000015628922
Process Date: 12/15/1999
Page: 1 of 3
MORRIS, VERNON R. MD**MORRIS, VERNON R. MD****PENNSYLVANIA PROPERTY & CASUALTY INSURANCE GUARANTY ASSOCIAT****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 12/15/1999****Initial Action****Basis for Initial Action**

- SETTLEMENT

- SURGERY: IMPROPER PERFORMANCE OF SURGERY

**A. REPORTING
ENTITY**

Entity Name: PA PROP & CAS INS GUAR ASSN *

Address: 1617 J F KENNEDY BOULEVARD
SUITE 1620

City, State, Zip: PHILADELPHIA, PA 19103

Country:

Name or Office: LISA A. PRATT

Title or Department: CLAIM SUPERVISOR

Telephone: (215) 568-1007 Ext. 2400

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/22/2018:

Entity Name: PENNSYLVANIA PROPERTY & CASUALTY INSURANCE GUARANTY
ASSOCIAT

Address: 1617 JOHN F KENNEDY BLVD STE 1850

City, State, Zip: PHILADELPHIA, PA 19103-1832

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON R. MD

Other Name(s) Used:

Gender: MALE

Date of Birth: 09/03/1948

Organization Name: POTTSTOWN ORTHOPEDIC ASSOCIATES, LTD.

Work Address: 1601 MEDICAL DRIVE

City, State, ZIP: POTTSTOWN, PA 19464

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD-017002-E, PA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 12/15/1999

Act/Omission Code: SURGERY: IMPROPER PERFORMANCE OF SURGERY (250)

Date of Act/Omission: 10/24/1995

Payment Date: 12/15/1999

Multiple or Single Payment: SINGLE

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000015628922
Process Date: 12/15/1999
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MORRIS, VERNON R. MD

Amount of This Payment: \$ 40,199.00
Total Amount of Judgment or Settlement: \$ 50,000.00
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: OTHER
Date of Judgment/Settlement: 11/30/1999
Adjudicative Case Number:
Adjudicative Body Name:
Court File Number:
Reporter's Description of Act or Omission: ALLEGED INJURY TO THE MEDIAL NERVE DURING A CARPAL TUNNEL RELEASE.
Reporter's Description of the Judgment or Settlement: THIS MATTER SETTLED FOR \$50,000.00 MINUS A STATUTORY OFFSET

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 12/15/1999

Date of Most Recent Change: 12/15/1999

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

DCN: 5500000015628922
Process Date: 12/15/1999
Page: 3 of 3
MORRIS, VERNON R. MD

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000015628922

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MORRIS, VERNON R. MD

DISCLOSURE HISTORY

Report Number: 5500000015628922

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released

07/20/2000

Entity Name

EXETER SURGERY CENTER

5001 PERKIOMEN AVE.

READING, PA 19606

(610) 370-5530

Date Released

10/19/2000

Entity Name

READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released

10/26/2000

Entity Name

INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3

PHILADELPHIA, PA 19103

(267) 675-1480

Date Released

12/05/2000

Entity Name

ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD.

ELKINS PARK, PA 19027

21566 363-17

Date Released

03/07/2001

Entity Name

TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000015628922

Process Date: 12/15/1999

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MORRIS, VERNON R. MD

Date Released	Entity Name
03/16/2001	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
04/05/2001	AETNA SOUTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/13/2001	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/26/2001	SELF-QUERIER
04/30/2001	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/18/2001	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
07/02/2001	LOGAN MEMORIAL HOSPITAL 1625 NASHVILLE ST RUSSELLVILLE, KY 42276 (270) 726-4011

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000015628922

Process Date: 12/15/1999

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MORRIS, VERNON R. MD

Date Released	Entity Name
07/13/2001	LAKE CITY MEDICAL CENTER 340 NW COMMERCE DR LAKE CITY, FL 32055 (386) 719-9018
08/02/2001	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
08/28/2001	SELF-QUERIER
09/13/2001	GOOD SAMARITAN REGIONAL HEALTH CENTER 1 GOOD SAMARITAN WAY ATTN CREDENTIALING MOUNT VERNON, IL 62864 (618) 899-1005
10/05/2001	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
11/06/2001	ST. JOSEPH'S HOSPITAL 9515 HOLY CROSS LN BREESE, IL 62230 (618) 526-5452
11/27/2001	HEALTHLINK, INC. 12443 OLIVE BLVD SAINT LOUIS, MO 63141 (314) 989-6295

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000015628922

Process Date: 12/15/1999

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MORRIS, VERNON R. MD

Date Released	Entity Name
12/12/2001	CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK RD MOUNT VERNON, IL 62864 (618) 241-8544
02/07/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
05/20/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
06/13/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
06/14/2002	HIGHMARK INC. 1800 CENTER ST CAMP HILL, PA 17011 (717) 888-2049
08/02/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
08/08/2002	FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837 (618) 847-8362

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MORRIS, VERNON R. MD

Date Released	Entity Name
09/09/2002	MARSHALL BROWNING HOSPITAL PO BOX 192 900 N WASHINGTON STREET P O BOX 192 DU QUOIN, IL 62832 (618) 542-2146
09/10/2002	OAK HILL ADMINISTRATION 11375 CORTEZ BLVD BROOKSVILLE, FL 34613 (352) 597-6079
09/19/2002	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
01/09/2003	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/16/2003	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
05/06/2003	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
10/29/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293

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MORRIS, VERNON R. MD

Date Released	Entity Name
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/05/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/07/2003	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
11/11/2003	COMMUNITY HEALTH SOLUTIONS OF AMERICA 13600 ICOT BLVD BLDG A CLEARWATER, FL 33760 (727) 565-0616
12/19/2003	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21

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Date Released	Entity Name
01/02/2004	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/04/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
02/26/2004	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
04/05/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/12/2004	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/11/2004	GENEX SERVICES DBA CHOICE 1408 N WEST SHORE BLVD STE 700 TAMPA, FL 33607 (888) 823-5377
08/26/2004	HEALTHLEASE OF FLORIDA INC. 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 (813) 206-3839

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Date Released	Entity Name
11/15/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
12/20/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/11/2005	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
04/12/2005	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
05/05/2005	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/07/2005	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
12/15/2005	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500

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MORRIS, VERNON R. MD

Date Released	Entity Name
04/28/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
05/04/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/26/2006	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
01/04/2007	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
02/07/2007	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
02/26/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/06/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
04/05/2007	NOVAMED, INC. 100 MANSELL COURT EAST SUITE 650 ROSWELL, GA 30076 (770) 882-2829
10/25/2007	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/15/2007	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
02/22/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
03/04/2008	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
04/23/2008	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

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Date Released	Entity Name
07/02/2008	SELF-QUERIER
Date Released	Entity Name
07/25/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
Date Released	Entity Name
01/06/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
Date Released	Entity Name
02/16/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
Date Released	Entity Name
03/24/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
Date Released	Entity Name
07/21/2009	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
Date Released	Entity Name
10/05/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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<u>Date Released</u>	<u>Entity Name</u>
12/30/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
01/05/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
03/31/2010	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/13/2010	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/18/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
11/05/2010	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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Date Released	Entity Name
11/19/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
04/06/2011	OK STATE BRD MEDICAL LIC & SUPERVISION 101 NE 51ST ST OKLAHOMA CITY, OK 73105 (405) 962-1400
04/21/2011	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKE LAND, FL 33801 (863) 665-6060
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033

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MORRIS, VERNON R. MD

Date Released	Entity Name
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803

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Date Released	Entity Name
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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Date Released	Entity Name
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500

Date Released	Entity Name
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687

Date Released	Entity Name
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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MORRIS, VERNON R. MD

<u>Date Released</u>	<u>Entity Name</u>
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340
<u>Date Released</u>	<u>Entity Name</u>
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902
<u>Date Released</u>	<u>Entity Name</u>
02/20/2019	DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL 33418 (561) 427-4872
<u>Date Released</u>	<u>Entity Name</u>
08/15/2019	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800
<u>Date Released</u>	<u>Entity Name</u>
09/06/2019	SELF-QUERIER

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MORRIS, VERNON RAYMOND JR.

MORRIS, VERNON RAYMOND JR.**PIC INSURANCE GROUP****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 11/22/1996****Initial Action****Basis for Initial Action**

- SETTLEMENT

- TREATMENT: IMPROPER MANAGEMENT OF COURSE OF
TREATMENT**A. REPORTING
ENTITY**

Entity Name: PIC INSURANCE GROUP, INC. *

Address: 502 WEST OFFICE CENTER DR.

City, State, Zip: FORT WASHINGTON, PA 19034

Country:

Name or Office: DAVID W. GALLOWAY

Title or Department: GENERAL COUNSEL

Telephone: (610) 941-7676 Ext. 7672

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 01/22/1999. The NPDB has no additional information regarding this entity.

Entity Name: PIC INSURANCE GROUP

Address: 502 WEST OFFICE CENTER DRIVE

City, State, Zip: FORT WASHINGTON, PA 19034

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON RAYMOND JR.

Other Name(s) Used:

Gender: MALE

Date of Birth: 09/03/1948

Organization Name: POTTSTOWN ORTHOPEDIC ASSOC., LTD.

Work Address: 1601 MEDICAL DRIVE

City, State, ZIP: POTTSTOWN, PA 19464

Home Address: 919 CHERRY HILL LANE

City, State, ZIP: POTTSTOWN, PA 19464

Deceased: NO

Social Security Numbers (SSN): ***-**-8611

Professional School(s) & Year(s) of Graduation: TEMPLE UNIV SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD-017002-E, PA

Drug Enforcement Administration (DEA) Numbers: AM1585530

Hospital Affiliation(s): POTTSTOWN MEMORIAL MEDICAL CENTER

POTTSTOWN, PA

**C. INFORMATION
REPORTED**

Date of Report: 11/27/1996

Act/Omission Code: TREATMENT: IMPROPER MANAGEMENT OF COURSE OF TREATMENT
(650)

Date of Act/Omission: 11/21/1989

Payment Date: 11/22/1996

Multiple or Single Payment: SINGLE

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MORRIS, VERNON RAYMOND JR.

Amount of This Payment: \$ 125,000.00
Total Amount of Judgment or Settlement: \$ 125,000.00
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement: 10/11/1996
Adjudicative Case Number: 90-19116
Adjudicative Body Name: C.P. MONTGOMERY
Court File Number:
Reporter's Description of Act or Omission: THE PLAINTIFF WAS SEVEN MONTHS PREGNANT WHEN SHE FELL AND SUSTAINED A COMMINUTED FRACTURE OF THE LEFT ELBOW. PLAINTIFF ALLEGES THAT DR. MORRIS DID NOT APPRECIATE THE TRUE NATURE OF PLAINTIFF'S FRACTURE AND TREATED HER FRACTURE AS IF IT WERE A UNICONDYLAR FRACTURE. THEREFORE, HE ALLEGEDLY DID NOT ACCURATELY REDUCE THE FRACTURE AT THE TIME OF THE OPEN REDUCTION AND INTERNAL FIXATION WHICH RESULTED IN VARUS DEFORMITY.
Reporter's Description of the Judgment or Settlement: CASE SETTLED PRIOR TO TRIAL ON BEHALF OF DR. VERNON FOR A TOTAL OF \$125,000. PIC INSURANCE GROUP, INC CONTRIBUTED \$125,000 ON BEHALF OF DR. VERNON.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/27/1996

Date of Most Recent Change: 11/27/1996

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

NPDB

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MORRIS, VERNON RAYMOND JR.

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000004407880

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released

03/18/1997

Entity NameINDEPENDENCE BLUE CROSS
1901 MARKET ST STE 3
PHILADELPHIA, PA 19103
(267) 675-1480**Date Released**

05/14/1997

Entity NamePOTTSTOWN HOSPITAL
1600 E HIGH ST
POTTSTOWN, PA 19464
(610) 327-7469**Date Released**

05/28/1997

Entity NameOXFORD HEALTH PLANS
601 WALNUT ST.- 9TH FLR
PHILLY, PA 19106
21573 320-01**Date Released**

05/29/1997

Entity NameHEALTH PARTNERS PLANS
901 MARKET ST STE 500
PHILADELPHIA, PA 19107
(267) 385-3829**Date Released**

06/05/1997

Entity NameGRANDVIEW SURGERY AND LASER
205 GRANDVIEW AVE STE 101
CAMP HILL, PA 17011
(717) 731-5444

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Date Released	Entity Name
06/16/1997	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
08/08/1997	AETNA NORTH CENTRAL REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
12/22/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
07/23/1998	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/13/1998	CGLIC 1000 CORPORATE CENTRE DR. #500 FRANKLIN, TN 37067 61559 533-24
09/14/1998	PRUDENTIAL INSURANCE CO NGO 400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901 91436 891-94
12/23/1998	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519

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Date Released	Entity Name
03/17/1999	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
03/18/1999	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
03/22/1999	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
04/23/1999	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
05/18/1999	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
06/02/1999	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
10/25/1999	PHOENIXVILLE HOSPITAL 140 NUTT RD PHOENIXVILLE, PA 19460 (610) 983-1481

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
07/20/2000	EXETER SURGERY CENTER 5001 PERKIOMEN AVE. READING, PA 19606 (610) 370-5530
10/19/2000	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
10/26/2000	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
12/05/2000	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
03/07/2001	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/16/2001	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
04/05/2001	AETNA SOUTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
04/13/2001	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/26/2001	SELF-QUERIER
04/30/2001	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/18/2001	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
07/02/2001	LOGAN MEMORIAL HOSPITAL 1625 NASHVILLE ST RUSSELLVILLE, KY 42276 (270) 726-4011
07/13/2001	LAKE CITY MEDICAL CENTER 340 NW COMMERCE DR LAKE CITY, FL 32055 (386) 719-9018
08/02/2001	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
08/28/2001	SELF-QUERIER
Date Released	Entity Name
09/13/2001	GOOD SAMARITAN REGIONAL HEALTH CENTER 1 GOOD SAMARITAN WAY ATTN CREDENTIALING MOUNT VERNON, IL 62864 (618) 899-1005
Date Released	Entity Name
10/05/2001	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
Date Released	Entity Name
11/06/2001	ST. JOSEPH'S HOSPITAL 9515 HOLY CROSS LN BREESE, IL 62230 (618) 526-5452
Date Released	Entity Name
11/27/2001	HEALTHLINK, INC. 12443 OLIVE BLVD SAINT LOUIS, MO 63141 (314) 989-6295
Date Released	Entity Name
12/12/2001	CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK RD MOUNT VERNON, IL 62864 (618) 241-8544
Date Released	Entity Name
02/07/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
05/20/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
06/13/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
06/14/2002	HIGHMARK INC. 1800 CENTER ST CAMP HILL, PA 17011 (717) 888-2049
08/02/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
08/08/2002	FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837 (618) 847-8362
09/09/2002	MARSHALL BROWNING HOSPITAL PO BOX 192 900 N WASHINGTON STREET P O BOX 192 DU QUOIN, IL 62832 (618) 542-2146

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
09/10/2002	OAK HILL ADMINISTRATION 11375 CORTEZ BLVD BROOKSVILLE, FL 34613 (352) 597-6079
09/19/2002	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
01/09/2003	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/16/2003	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
05/06/2003	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
10/29/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293

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Date Released	Entity Name
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/05/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/07/2003	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
11/11/2003	COMMUNITY HEALTH SOLUTIONS OF AMERICA 13600 ICOT BLVD BLDG A CLEARWATER, FL 33760 (727) 565-0616
12/19/2003	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21
01/02/2004	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/04/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
02/26/2004	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
04/05/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/12/2004	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/11/2004	GENEX SERVICES DBA CHOICE 1408 N WEST SHORE BLVD STE 700 TAMPA, FL 33607 (888) 823-5377
08/26/2004	HEALTHCASE OF FLORIDA INC. 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 (813) 206-3839
11/15/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
12/20/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
03/11/2005	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
04/12/2005	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
05/05/2005	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/07/2005	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
12/15/2005	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/28/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
05/04/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848

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Date Released	Entity Name
06/26/2006	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
01/04/2007	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
02/07/2007	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
02/26/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/06/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/05/2007	NOVAMED, INC. 100 MANSELL COURT EAST SUITE 650 ROSWELL, GA 30076 (770) 882-2829

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Date Released	Entity Name
10/25/2007	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/15/2007	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
02/22/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
03/04/2008	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
04/23/2008	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/02/2008	SELF-QUERIER
07/25/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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Date Released	Entity Name
01/06/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
02/16/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/24/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/21/2009	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/05/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/30/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
01/05/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033

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Date Released	Entity Name
03/31/2010	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/13/2010	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/18/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
11/05/2010	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/19/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
04/06/2011	OK STATE BRD MEDICAL LIC & SUPERVISION 101 NE 51ST ST OKLAHOMA CITY, OK 73105 (405) 962-1400

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Date Released	Entity Name
04/21/2011	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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<u>Date Released</u>	<u>Entity Name</u>
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

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Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340

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MORRIS, VERNON RAYMOND JR.

Date Released

01/17/2019

Entity NameGENEX SERVICES, LLC
440 E SWEDESFORD RD STE 1000
WAYNE, PA 19087
(215) 298-4902

Date Released

02/20/2019

Entity NameDANE STREET, LLC
7121 FAIRWAY DR STE 105
PALM BEACH GARDENS, FL 33418
(561) 427-4872

Date Released

08/15/2019

Entity NameALL CARE CONSULTANTS
3333 W COMMERCIAL BLVD STE 101
FORT LAUDERDALE, FL 33309
(954) 748-2800

Date Released

09/06/2019

Entity Name

SELF-QUERIER

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MORRIS, VERNON RAYMOND JR.

MORRIS, VERNON RAYMOND JR.**PIC INSURANCE GROUP****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 03/29/1996****Initial Action****Basis for Initial Action**

- JUDGMENT

- SURGERY: WRONG BODY PART

**A. REPORTING
ENTITY**

Entity Name: PHYSICIANS INSURANCE COMPANY *

Address: 525 PLYMOUTH ROAD, SUITE 315

City, State, Zip: PLYMOUTH MEETING, PA 19462

Country:

Name or Office: DAVID W. GALLOWAY

Title or Department: GENERAL COUNSEL

Telephone: (610) 941-7676 Ext. 7672

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 01/22/1999. The NPDB has no additional information regarding this entity.

Entity Name: PIC INSURANCE GROUP

Address: 502 WEST OFFICE CENTER DRIVE

City, State, Zip: FORT WASHINGTON, PA 19034

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON RAYMOND JR.

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 09/03/1948

Organization Name:

Work Address: 1601 MEDICAL DRIVE

City, State, ZIP: POTTSTOWN, PA 19464

Home Address: 919 CHERRY HILL LANE

City, State, ZIP: POTTSTOWN, PA 19464

Deceased: UNKNOWN

Social Security Numbers (SSN): ***-**-8611

Professional School(s) & Year(s) of Graduation: TEMPLE UNIV. SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD-017002-E, PA

Drug Enforcement Administration (DEA) Numbers: AM1585530

Hospital Affiliation(s): POTTSTOWN MEMORIAL MEDICAL CENTER

POTTSTOWN, PA

**C. INFORMATION
REPORTED**

Date of Report: 04/15/1996

Act/Omission Code: SURGERY: WRONG BODY PART (240)

Date of Act/Omission: 06/07/1991

Payment Date: 03/29/1996

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 21,388.32

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MORRIS, VERNON RAYMOND JR.

Total Amount of Judgment or Settlement:

Payment Result of: JUDGMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: INSURANCE COMPANY

Date of Judgment/Settlement: 02/19/1996

Adjudicative Case Number: 5619-92AD

Adjudicative Body Name: C.P. BERKS

Court File Number:

Reporter's Description of Act or Omission: PLAINTIFF ALLEGES INSURED PERFORMED SURGERY ON THE WRONG WRIST.

Reporter's Description of the Judgment or Settlement: THIS CASE SETTLED FOR A TOTAL OF \$21,388.32 ON BEHALF OF DR. MORRIS.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/15/1996

Date of Most Recent Change: 04/15/1996

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

NATIONAL PRACTITIONER DATA BANK

NPDB

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END OF REPORT

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MORRIS, VERNON RAYMOND JR.

DISCLOSURE HISTORY

Report Number: 5500000002302256

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
04/17/1996	COMMUNITY GENERAL HOSPITAL 145 NORTH SIXTH STREET READING, PA 19601 21537 621-00
06/12/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
07/09/1996	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/12/1996	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40
08/14/1996	INTRACORP 1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192 000-0000

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Date Released	Entity Name
08/29/1996	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/15/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
11/09/1996	PENNSYLVANIA PHYSICIANS CARE 651 E. PARK DR HARRISBURG, PA 17111 (717) 561-7890
03/18/1997	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
05/14/1997	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469

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Date Released	Entity Name
05/28/1997	OXFORD HEALTH PLANS 601 WALNUT ST.- 9TH FLR PHILLY, PA 19106 21573 320-01
05/29/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
06/05/1997	GRANDVIEW SURGERY AND LASER 205 GRANDVIEW AVE STE 101 CAMP HILL, PA 17011 (717) 731-5444
06/16/1997	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
08/08/1997	AETNA NORTH CENTRAL REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
12/22/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
07/23/1998	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03

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Date Released	Entity Name
08/13/1998	CGLIC 1000 CORPORATE CENTRE DR. #500 FRANKLIN, TN 37067 61559 533-24
09/14/1998	PRUDENTIAL INSURANCE CO NGO 400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901 91436 891-94
12/23/1998	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/17/1999	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
03/18/1999	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
03/22/1999	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
04/23/1999	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249

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Date Released	Entity Name
05/18/1999	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
06/02/1999	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
10/25/1999	PHOENIXVILLE HOSPITAL 140 NUTT RD PHOENIXVILLE, PA 19460 (610) 983-1481
07/20/2000	EXETER SURGERY CENTER 5001 PERKIOMEN AVE. READING, PA 19606 (610) 370-5530
10/19/2000	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
10/26/2000	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
12/05/2000	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17

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Date Released	Entity Name
03/07/2001	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/16/2001	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
04/05/2001	AETNA SOUTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/13/2001	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/26/2001	SELF-QUERIER
04/30/2001	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/18/2001	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515

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Date Released	Entity Name
07/02/2001	LOGAN MEMORIAL HOSPITAL 1625 NASHVILLE ST RUSSELLVILLE, KY 42276 (270) 726-4011
07/13/2001	LAKE CITY MEDICAL CENTER 340 NW COMMERCE DR LAKE CITY, FL 32055 (386) 719-9018
08/02/2001	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
08/28/2001	SELF-QUERIER
09/13/2001	GOOD SAMARITAN REGIONAL HEALTH CENTER 1 GOOD SAMARITAN WAY ATTN CREDENTIALING MOUNT VERNON, IL 62864 (618) 899-1005
10/05/2001	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
11/06/2001	ST. JOSEPH'S HOSPITAL 9515 HOLY CROSS LN BREESE, IL 62230 (618) 526-5452

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Date Released	Entity Name
11/27/2001	HEALTHLINK, INC. 12443 OLIVE BLVD SAINT LOUIS, MO 63141 (314) 989-6295
12/12/2001	CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK RD MOUNT VERNON, IL 62864 (618) 241-8544
02/07/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
05/20/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
06/13/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
06/14/2002	HIGHMARK INC. 1800 CENTER ST CAMP HILL, PA 17011 (717) 888-2049
08/02/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200

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Date Released	Entity Name
08/08/2002	FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837 (618) 847-8362
09/09/2002	MARSHALL BROWNING HOSPITAL PO BOX 192 900 N WASHINGTON STREET P O BOX 192 DU QUOIN, IL 62832 (618) 542-2146
09/10/2002	OAK HILL ADMINISTRATION 11375 CORTEZ BLVD BROOKSVILLE, FL 34613 (352) 597-6079
09/19/2002	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
01/09/2003	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/16/2003	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
05/06/2003	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996

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Date Released	Entity Name
10/29/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/05/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/07/2003	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
11/11/2003	COMMUNITY HEALTH SOLUTIONS OF AMERICA 13600 ICOT BLVD BLDG A CLEARWATER, FL 33760 (727) 565-0616

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Date Released	Entity Name
12/19/2003	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21
01/02/2004	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/04/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
02/26/2004	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
04/05/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/12/2004	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/11/2004	GENEX SERVICES DBA CHOICE 1408 N WEST SHORE BLVD STE 700 TAMPA, FL 33607 (888) 823-5377

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Date Released	Entity Name
08/26/2004	HEALTHEASE OF FLORIDA INC. 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 (813) 206-3839
11/15/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
12/20/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/11/2005	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
04/12/2005	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
05/05/2005	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/07/2005	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060

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Date Released	Entity Name
12/15/2005	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/28/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
05/04/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/26/2006	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
01/04/2007	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
02/07/2007	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
02/26/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
03/06/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/05/2007	NOVAMED, INC. 100 MANSELL COURT EAST SUITE 650 ROSWELL, GA 30076 (770) 882-2829
10/25/2007	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/15/2007	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
02/22/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
03/04/2008	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
04/23/2008	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

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<u>Date Released</u>	<u>Entity Name</u>
07/02/2008	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
07/25/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
<u>Date Released</u>	<u>Entity Name</u>
01/06/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
<u>Date Released</u>	<u>Entity Name</u>
02/16/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
<u>Date Released</u>	<u>Entity Name</u>
03/24/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
<u>Date Released</u>	<u>Entity Name</u>
07/21/2009	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
<u>Date Released</u>	<u>Entity Name</u>
10/05/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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Date Released	Entity Name
12/30/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
01/05/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
03/31/2010	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/13/2010	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/18/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
11/05/2010	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
11/19/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
04/06/2011	OK STATE BRD MEDICAL LIC & SUPERVISION 101 NE 51ST ST OKLAHOMA CITY, OK 73105 (405) 962-1400
04/21/2011	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKE LAND, FL 33801 (863) 665-6060
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033

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Date Released	Entity Name
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500

Date Released	Entity Name
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687

Date Released	Entity Name
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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MORRIS, VERNON RAYMOND JR.

<u>Date Released</u>	<u>Entity Name</u>
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340
<u>Date Released</u>	<u>Entity Name</u>
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902
<u>Date Released</u>	<u>Entity Name</u>
02/20/2019	DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL 33418 (561) 427-4872
<u>Date Released</u>	<u>Entity Name</u>
08/15/2019	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800
<u>Date Released</u>	<u>Entity Name</u>
09/06/2019	SELF-QUERIER

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Process Date: 04/07/1995
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MORRIS, VERNON R**MORRIS, VERNON R****ST PAUL INS CO - PHILADELPHIA****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 03/16/1995****Initial Action****Basis for Initial Action**

- SETTLEMENT

- DIAGNOSIS: NOT OTHERWISE CLASSIFIED
- DIAGNOSIS: NOT OTHERWISE CLASSIFIED**A. REPORTING
ENTITY**

Entity Name: ST PAUL INS CO - PHILADELPHIA *

Address: PO BOX 382

City, State, Zip: PLYMOUTH MEETING, PA 19462

Country:

Name or Office: AL AFONSO

Title or Department: CLAIM SUPERVISOR 0564JK6410-37B001

Telephone: (610) 941-5774

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The NPDB has no additional information regarding this entity.

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON R

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 09/03/1948

Organization Name: MEDICAL DOCTOR ORTHOPEDICS

Work Address: 1601 MEDICAL DRIVE

City, State, ZIP: POTTSTOWN, PA 19464

Home Address: R.D. #1

City, State, ZIP: POTTSTOWN, PA 19464

Deceased: NO

Social Security Numbers (SSN): ***-**-8611

Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 017002E, PA

Drug Enforcement Administration (DEA) Numbers: 231733203

Hospital Affiliation(s): POTTSTOWN HOSPITAL

POTTSTOWN, PA

COMMUNITY GENERAL HOSPITAL

READING, PA

**C. INFORMATION
REPORTED**

Date of Report: 04/07/1995

Act/Omission Code: DIAGNOSIS: NOT OTHERWISE CLASSIFIED (090)

Date of Act/Omission: 06/10/1988

Act/Omission Code: DIAGNOSIS: NOT OTHERWISE CLASSIFIED (090)

Date of Act/Omission: 06/10/1988

Payment Date: 03/16/1995

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 49,000.00

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Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 1019950930140000**Process Date:** 04/07/1995**Page:** 2 of 3**MORRIS, VERNON R****Total Amount of Judgment or Settlement:****Payment Result of:** SETTLEMENT**Number of Practitioners for Whom Payment is Made:** 1**Relationship of Entity to the Practitioner:** INSURANCE COMPANY**Date of Judgment/Settlement:** 03/14/1995**Adjudicative Case Number:** N/A**Adjudicative Body Name:** N/A**Court File Number:****Reporter's Description of Act or Omission:** INSURED PERFORMED DISKECTOMY AND ALLEGEDLY FAILED TO ADVISE PLAINTIFF THAT HE HAD STRUCK THE DURA DURING SURGERY. PLAINTIFF DEVELOPED SPINAL FLUID LEAKAGE AND HAD TO HAVE REPAIR OF DURA PERFORMED.**Reporter's Description of the Judgment or Settlement:** CASE WAS SETTLED FOR \$49,000.00 ON BEHALF OF DR. MORRIS.**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/07/1995**Date of Most Recent Change:** 04/07/1995**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438**This report is maintained under the provisions of:** Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

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NATIONAL PRACTITIONER DATA BANK

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MORRIS, VERNON R

END OF REPORT

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MORRIS, VERNON R

DISCLOSURE HISTORY

Report Number: 1019950930140000

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released

04/27/1995

Entity NameST. JOSEPH MEDICAL CENTER
2500 BERNVILLE RD
READING, PA 19605
(610) 378-2515**Date Released**

05/23/1995

Entity NamePOTTSTOWN HOSPITAL
1600 E HIGH ST
POTTSTOWN, PA 19464
(610) 327-7469**Date Released**

08/01/1995

Entity NameINDEPENDENCE BLUE CROSS
1901 MARKET ST STE 3
PHILADELPHIA, PA 19103
(267) 675-1480**Date Released**

11/16/1995

Entity NameHMO PA/NJ
BUILDING ONE
980 JOLLY ROAD
BLUE BELL, PA 19422
21577 548-00**Date Released**

12/05/1995

Entity NamePRUDENTIAL HEALTHCARE PLAN INC
220 GIBRALTAR ROAD, SUITE 200
HORSHAM, PA 19044
21544 228-40

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MORRIS, VERNON R

Date Released	Entity Name
04/17/1996	COMMUNITY GENERAL HOSPITAL 145 NORTH SIXTH STREET READING, PA 19601 21537 621-00
06/12/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
07/09/1996	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/12/1996	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40
08/14/1996	INTRACORP 1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192 000-0000
08/29/1996	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

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MORRIS, VERNON R

Date Released	Entity Name
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/15/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
11/09/1996	PENNSYLVANIA PHYSICIANS CARE 651 E. PARK DR HARRISBURG, PA 17111 (717) 561-7890
03/18/1997	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
05/14/1997	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/28/1997	OXFORD HEALTH PLANS 601 WALNUT ST.- 9TH FLR PHILLY, PA 19106 21573 320-01
05/29/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829

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MORRIS, VERNON R

Date Released	Entity Name
06/05/1997	GRANDVIEW SURGERY AND LASER 205 GRANDVIEW AVE STE 101 CAMP HILL, PA 17011 (717) 731-5444
06/16/1997	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
08/08/1997	AETNA NORTH CENTRAL REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
12/22/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
07/23/1998	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/13/1998	CGLIC 1000 CORPORATE CENTRE DR. #500 FRANKLIN, TN 37067 61559 533-24
09/14/1998	PRUDENTIAL INSURANCE CO NGO 400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901 91436 891-94

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MORRIS, VERNON R

Date Released	Entity Name
12/23/1998	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/17/1999	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
03/18/1999	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
03/22/1999	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
04/23/1999	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
05/18/1999	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
06/02/1999	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17

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MORRIS, VERNON R

Date Released	Entity Name
10/25/1999	PHOENIXVILLE HOSPITAL 140 NUTT RD PHOENIXVILLE, PA 19460 (610) 983-1481
07/20/2000	EXETER SURGERY CENTER 5001 PERKIOMEN AVE. READING, PA 19606 (610) 370-5530
10/19/2000	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
10/26/2000	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
12/05/2000	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
03/07/2001	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/16/2001	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17

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MORRIS, VERNON R

Date Released	Entity Name
04/05/2001	AETNA SOUTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/13/2001	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/26/2001	SELF-QUERIER
04/30/2001	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/18/2001	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
07/02/2001	LOGAN MEMORIAL HOSPITAL 1625 NASHVILLE ST RUSSELLVILLE, KY 42276 (270) 726-4011
07/13/2001	LAKE CITY MEDICAL CENTER 340 NW COMMERCE DR LAKE CITY, FL 32055 (386) 719-9018

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MORRIS, VERNON R

Date Released	Entity Name
08/02/2001	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
08/28/2001	SELF-QUERIER
09/13/2001	GOOD SAMARITAN REGIONAL HEALTH CENTER 1 GOOD SAMARITAN WAY ATTN CREDENTIALING MOUNT VERNON, IL 62864 (618) 899-1005
10/05/2001	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
11/06/2001	ST. JOSEPH'S HOSPITAL 9515 HOLY CROSS LN BREESE, IL 62230 (618) 526-5452
11/27/2001	HEALTHLINK, INC. 12443 OLIVE BLVD SAINT LOUIS, MO 63141 (314) 989-6295
12/12/2001	CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK RD MOUNT VERNON, IL 62864 (618) 241-8544

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Date Released	Entity Name
02/07/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
05/20/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
06/13/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
06/14/2002	HIGHMARK INC. 1800 CENTER ST CAMP HILL, PA 17011 (717) 888-2049
08/02/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
08/08/2002	FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837 (618) 847-8362
09/09/2002	MARSHALL BROWNING HOSPITAL PO BOX 192 900 N WASHINGTON STREET P O BOX 192 DU QUOIN, IL 62832 (618) 542-2146

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Date Released	Entity Name
09/10/2002	OAK HILL ADMINISTRATION 11375 CORTEZ BLVD BROOKSVILLE, FL 34613 (352) 597-6079
09/19/2002	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
01/09/2003	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/16/2003	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
05/06/2003	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
10/29/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293

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MORRIS, VERNON R

Date Released	Entity Name
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/05/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/07/2003	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
11/11/2003	COMMUNITY HEALTH SOLUTIONS OF AMERICA 13600 ICOT BLVD BLDG A CLEARWATER, FL 33760 (727) 565-0616
12/19/2003	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21
01/02/2004	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/04/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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MORRIS, VERNON R

Date Released	Entity Name
02/26/2004	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
04/05/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/12/2004	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/11/2004	GENEX SERVICES DBA CHOICE 1408 N WEST SHORE BLVD STE 700 TAMPA, FL 33607 (888) 823-5377
08/26/2004	HEALTHCASE OF FLORIDA INC. 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 (813) 206-3839
11/15/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
12/20/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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MORRIS, VERNON R

Date Released	Entity Name
03/11/2005	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
04/12/2005	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
05/05/2005	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/07/2005	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
12/15/2005	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/28/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
05/04/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848

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MORRIS, VERNON R

Date Released	Entity Name
06/26/2006	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
01/04/2007	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
02/07/2007	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
02/26/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/06/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/05/2007	NOVAMED, INC. 100 MANSELL COURT EAST SUITE 650 ROSWELL, GA 30076 (770) 882-2829

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MORRIS, VERNON R

Date Released	Entity Name
10/25/2007	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/15/2007	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
02/22/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
03/04/2008	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
04/23/2008	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/02/2008	SELF-QUERIER
07/25/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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MORRIS, VERNON R

Date Released	Entity Name
01/06/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
02/16/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/24/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/21/2009	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/05/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/30/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
01/05/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033

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MORRIS, VERNON R

<u>Date Released</u>	<u>Entity Name</u>
03/31/2010	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/13/2010	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/18/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
11/05/2010	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/19/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
04/06/2011	OK STATE BRD MEDICAL LIC & SUPERVISION 101 NE 51ST ST OKLAHOMA CITY, OK 73105 (405) 962-1400

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MORRIS, VERNON R

<u>Date Released</u>	<u>Entity Name</u>
04/21/2011	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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MORRIS, VERNON R

Date Released	Entity Name
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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MORRIS, VERNON R

<u>Date Released</u>	<u>Entity Name</u>
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

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MORRIS, VERNON R

<u>Date Released</u>	<u>Entity Name</u>
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340

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MORRIS, VERNON R

Date Released

01/17/2019

Entity NameGENEX SERVICES, LLC
440 E SWEDESFORD RD STE 1000
WAYNE, PA 19087
(215) 298-4902

Date Released

02/20/2019

Entity NameDANE STREET, LLC
7121 FAIRWAY DR STE 105
PALM BEACH GARDENS, FL 33418
(561) 427-4872

Date Released

08/15/2019

Entity NameALL CARE CONSULTANTS
3333 W COMMERCIAL BLVD STE 101
FORT LAUDERDALE, FL 33309
(954) 748-2800

Date Released

09/06/2019

Entity Name

SELF-QUERIER

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MORRIS, VERNON R JR**MORRIS, VERNON R JR****MCARE FUND****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 12/30/1994****Initial Action****Basis for Initial Action**

- SETTLEMENT

- SURGERY: FAILURE TO OBTAIN CONSENT/LACK OF
INFORMED CONSENT**A. REPORTING
ENTITY**

Entity Name: MED PROF LIAB CATASTROPHE LOSS FUND *

Address: 1062 LANCASTER AVE, SUITE 15-F

City, State, Zip: ROSEMONT, PA 19010

Country:

Name or Office: BETH PERSUN AND JOYCE HELFRICH

Title or Department: MCARE

Telephone: (717) 783-3770

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 06/14/2019:

Entity Name: MCARE FUND

Address: 1010 N 7TH ST STE 201

City, State, Zip: HARRISBURG, PA 17102-1400

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON R JR

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 09/05/1948

Organization Name: VERNON R MORRIS, JR, PC

Work Address: 1601 MEDICAL DRIVE

City, State, ZIP: POTTSTOWN, PA 19464

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: TEMPLE UNIV SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD017002E, PA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 02/06/1995

Act/Omission Code: SURGERY: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED
CONSENT (285)

Date of Act/Omission: 12/23/1985

Payment Date: 12/30/1994

Multiple or Single Payment: SINGLE

Amount of This Payment: \$ 350,000.00

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MORRIS, VERNON R JR

Total Amount of Judgment or Settlement:

Payment Result of: SETTLEMENT

Number of Practitioners for Whom Payment is Made: 1

Relationship of Entity to the Practitioner: INSURANCE COMPANY

Date of Judgment/Settlement: 04/04/1994

Adjudicative Case Number: #86-07452

Adjudicative Body Name: CT OF COMMON PLEAS, MONTGOMERY CO., PA.

Court File Number:

Reporter's Description of Act or Omission: ALLEGED FAILURE TO OBTAIN INFORMED CONSENT ON PERFORMING AN ABOVE THE KNEE AMPUTATION ON 38 Y/O M.

Reporter's Description of the Judgment or Settlement: TOTAL SETTLEMENT OF \$550,000. PRIMARY CARRIER PAID \$200,000 AND CAT FUND PAID \$350,000 (INCLUDING ANNUITY) FOR THIS PHYSICIAN.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/06/1995

Date of Most Recent Change: 02/06/1995

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

NATIONAL PRACTITIONER DATA BANK

NPDB

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MORRIS, VERNON R JR

END OF REPORT

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MORRIS, VERNON R JR

DISCLOSURE HISTORY

Report Number: 1019950320349000

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released

04/27/1995

Entity NameST. JOSEPH MEDICAL CENTER
2500 BERNVILLE RD
READING, PA 19605
(610) 378-2515**Date Released**

05/23/1995

Entity NamePOTTSTOWN HOSPITAL
1600 E HIGH ST
POTTSTOWN, PA 19464
(610) 327-7469**Date Released**

08/01/1995

Entity NameINDEPENDENCE BLUE CROSS
1901 MARKET ST STE 3
PHILADELPHIA, PA 19103
(267) 675-1480**Date Released**

11/16/1995

Entity NameHMO PA/NJ
BUILDING ONE
980 JOLLY ROAD
BLUE BELL, PA 19422
21577 548-00**Date Released**

12/05/1995

Entity NamePRUDENTIAL HEALTHCARE PLAN INC
220 GIBRALTAR ROAD, SUITE 200
HORSHAM, PA 19044
21544 228-40

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Date Released	Entity Name
04/17/1996	COMMUNITY GENERAL HOSPITAL 145 NORTH SIXTH STREET READING, PA 19601 21537 621-00
06/12/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
07/09/1996	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/12/1996	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40
08/14/1996	INTRACORP 1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192 000-0000
08/29/1996	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

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Date Released	Entity Name
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/15/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
11/09/1996	PENNSYLVANIA PHYSICIANS CARE 651 E. PARK DR HARRISBURG, PA 17111 (717) 561-7890
03/18/1997	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
05/14/1997	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/28/1997	OXFORD HEALTH PLANS 601 WALNUT ST.- 9TH FLR PHILLY, PA 19106 21573 320-01
05/29/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829

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MORRIS, VERNON R JR

Date Released	Entity Name
06/05/1997	GRANDVIEW SURGERY AND LASER 205 GRANDVIEW AVE STE 101 CAMP HILL, PA 17011 (717) 731-5444
06/16/1997	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
08/08/1997	AETNA NORTH CENTRAL REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
12/22/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
07/23/1998	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/13/1998	CGLIC 1000 CORPORATE CENTRE DR. #500 FRANKLIN, TN 37067 61559 533-24
09/14/1998	PRUDENTIAL INSURANCE CO NGO 400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901 91436 891-94

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Date Released	Entity Name
12/23/1998	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/17/1999	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
03/18/1999	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
03/22/1999	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
04/23/1999	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
05/18/1999	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
06/02/1999	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17

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Date Released	Entity Name
10/25/1999	PHOENIXVILLE HOSPITAL 140 NUTT RD PHOENIXVILLE, PA 19460 (610) 983-1481
07/20/2000	EXETER SURGERY CENTER 5001 PERKIOMEN AVE. READING, PA 19606 (610) 370-5530
10/19/2000	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
10/26/2000	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
12/05/2000	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
03/07/2001	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/16/2001	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17

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MORRIS, VERNON R JR

Date Released	Entity Name
04/05/2001	AETNA SOUTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/13/2001	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/26/2001	SELF-QUERIER
04/30/2001	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/18/2001	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
07/02/2001	LOGAN MEMORIAL HOSPITAL 1625 NASHVILLE ST RUSSELLVILLE, KY 42276 (270) 726-4011
07/13/2001	LAKE CITY MEDICAL CENTER 340 NW COMMERCE DR LAKE CITY, FL 32055 (386) 719-9018

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MORRIS, VERNON R JR

Date Released	Entity Name
08/02/2001	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
08/28/2001	SELF-QUERIER
09/13/2001	GOOD SAMARITAN REGIONAL HEALTH CENTER 1 GOOD SAMARITAN WAY ATTN CREDENTIALING MOUNT VERNON, IL 62864 (618) 899-1005
10/05/2001	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
11/06/2001	ST. JOSEPH'S HOSPITAL 9515 HOLY CROSS LN BREESE, IL 62230 (618) 526-5452
11/27/2001	HEALTHLINK, INC. 12443 OLIVE BLVD SAINT LOUIS, MO 63141 (314) 989-6295
12/12/2001	CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK RD MOUNT VERNON, IL 62864 (618) 241-8544

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Date Released	Entity Name
02/07/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
05/20/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
06/13/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
06/14/2002	HIGHMARK INC. 1800 CENTER ST CAMP HILL, PA 17011 (717) 888-2049
08/02/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
08/08/2002	FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837 (618) 847-8362
09/09/2002	MARSHALL BROWNING HOSPITAL PO BOX 192 900 N WASHINGTON STREET P O BOX 192 DU QUOIN, IL 62832 (618) 542-2146

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Date Released	Entity Name
09/10/2002	OAK HILL ADMINISTRATION 11375 CORTEZ BLVD BROOKSVILLE, FL 34613 (352) 597-6079
09/19/2002	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
01/09/2003	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/16/2003	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
05/06/2003	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
10/29/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293

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MORRIS, VERNON R JR

Date Released	Entity Name
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/05/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/07/2003	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
11/11/2003	COMMUNITY HEALTH SOLUTIONS OF AMERICA 13600 ICOT BLVD BLDG A CLEARWATER, FL 33760 (727) 565-0616
12/19/2003	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21
01/02/2004	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/04/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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MORRIS, VERNON R JR

Date Released	Entity Name
02/26/2004	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
04/05/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/12/2004	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/11/2004	GENEX SERVICES DBA CHOICE 1408 N WEST SHORE BLVD STE 700 TAMPA, FL 33607 (888) 823-5377
08/26/2004	HEALTHCASE OF FLORIDA INC. 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 (813) 206-3839
11/15/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
12/20/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
03/11/2005	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
04/12/2005	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
05/05/2005	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/07/2005	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
12/15/2005	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/28/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
05/04/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848

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Date Released	Entity Name
06/26/2006	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
01/04/2007	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
02/07/2007	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
02/26/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/06/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/05/2007	NOVAMED, INC. 100 MANSELL COURT EAST SUITE 650 ROSWELL, GA 30076 (770) 882-2829

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Date Released	Entity Name
10/25/2007	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/15/2007	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
02/22/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
03/04/2008	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
04/23/2008	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/02/2008	SELF-QUERIER
07/25/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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MORRIS, VERNON R JR

Date Released	Entity Name
01/06/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
02/16/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/24/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/21/2009	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/05/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/30/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
01/05/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033

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MORRIS, VERNON R JR

<u>Date Released</u>	<u>Entity Name</u>
03/31/2010	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/13/2010	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/18/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
11/05/2010	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/19/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
04/06/2011	OK STATE BRD MEDICAL LIC & SUPERVISION 101 NE 51ST ST OKLAHOMA CITY, OK 73105 (405) 962-1400

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MORRIS, VERNON R JR

Date Released	Entity Name
04/21/2011	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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MORRIS, VERNON R JR

Date Released	Entity Name
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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MORRIS, VERNON R JR

Date Released	Entity Name
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

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MORRIS, VERNON R JR

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340

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MORRIS, VERNON R JR

Date Released

01/17/2019

Entity NameGENEX SERVICES, LLC
440 E SWEDESFORD RD STE 1000
WAYNE, PA 19087
(215) 298-4902

Date Released

02/20/2019

Entity NameDANE STREET, LLC
7121 FAIRWAY DR STE 105
PALM BEACH GARDENS, FL 33418
(561) 427-4872

Date Released

08/15/2019

Entity NameALL CARE CONSULTANTS
3333 W COMMERCIAL BLVD STE 101
FORT LAUDERDALE, FL 33309
(954) 748-2800

Date Released

09/06/2019

Entity Name

SELF-QUERIER

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MORRIS, VERNON RAYMOND JR.

MORRIS, VERNON RAYMOND JR.**ST PAUL INS CO - PHILADELPHIA****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 04/20/1994****Initial Action****Basis for Initial Action**

- SETTLEMENT

- TREATMNT: FAILURE TO OBTAIN CONSENT/LACK OF
INFORMED CONSENT
- TREATMNT: FAILURE TO OBTAIN CONSENT/LACK OF
INFORMED CONSENT**A. REPORTING
ENTITY**

Entity Name: ST PAUL INS CO - PHILADELPHIA *

Address: PO BOX 382

City, State, Zip: PLYMOUTH MEETING, PA 19462

Country:

Name or Office: AL AFONSO

Title or Department: CLAIMS SUPERVISOR 0564JK1529-37B300

Telephone: (215) 941-5774

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The NPDB has no additional information regarding this entity.

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON RAYMOND JR.

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 09/05/1948

Organization Name: POTTSTOWN ORTHOPEDIC ASSOCIATES

Work Address: 1601 MEDICAL DRIVE

City, State, ZIP: POTTSTOWN, PA 19464

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-8611

Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD-017002-E, PA

Drug Enforcement Administration (DEA) Numbers: AM1585530

Hospital Affiliation(s): POTTSTOWN MEMORIAL MEDICAL CENTER

POTTSTOWN, PA

**C. INFORMATION
REPORTED**

Date of Report: 05/04/1994

Act/Omission Code: TREATMNT: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED
CONSENT (680)

Date of Act/Omission: 12/23/1985

Act/Omission Code: TREATMNT: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED
CONSENT (680)

Date of Act/Omission: 12/23/1985

Payment Date: 04/20/1994

Multiple or Single Payment: SINGLE

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MORRIS, VERNON RAYMOND JR.

Amount of This Payment: \$ 200,000.00
Total Amount of Judgment or Settlement:
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement: 04/10/1994
Adjudicative Case Number:
Adjudicative Body Name:
Court File Number:
Reporter's Description of Act or Omission: ALLEDGED INSD. FAILED TO GET PROPER INFORMED CONSENT
PRIOR TO ABOVE KNEE AMPUTATION.
Reporter's Description of the Judgment or Settlement: TOTAL SETTLEMENT - \$550,000.00
ST. PAUL PAID \$200,000.00 AND PENNA. CAT. FUND PAID
\$350,000.00

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/04/1994

Date of Most Recent Change: 05/04/1994

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

NPDB

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MORRIS, VERNON RAYMOND JR.

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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MORRIS, VERNON RAYMOND JR.

DISCLOSURE HISTORY

Report Number: 1019941150340000

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released

06/17/1994

Entity NameAETNA HEALTH PLAN
955 CHESTERBROOK BOULEVARD, SUITE 200
WAYNE, PA 19087
21529 393-38**Date Released**

06/22/1994

Entity NameAETNA HEALTH PLAN
955 CHESTERBROOK BOULEVARD, SUITE 200
WAYNE, PA 19087
21529 393-38**Date Released**

06/29/1994

Entity NameINDEPENDENCE BLUE CROSS
1901 MARKET ST STE 3
PHILADELPHIA, PA 19103
(267) 675-1480**Date Released**

07/05/1994

Entity NameINDEPENDENCE BLUE CROSS
1901 MARKET ST STE 3
PHILADELPHIA, PA 19103
(267) 675-1480**Date Released**

07/05/1994

Entity NameINDEPENDENCE BLUE CROSS
1901 MARKET ST STE 3
PHILADELPHIA, PA 19103
(267) 675-1480

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
07/07/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
07/21/1994	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
11/16/1994	OAKTREE HEALTH PLAN 1818 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 21581 447-05
12/20/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
04/27/1995	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
05/23/1995	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
08/01/1995	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
11/16/1995	HMO PA/NJ BUILDING ONE 980 JOLLY ROAD BLUE BELL, PA 19422 21577 548-00
12/05/1995	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40
04/17/1996	COMMUNITY GENERAL HOSPITAL 145 NORTH SIXTH STREET READING, PA 19601 21537 621-00
06/12/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
07/09/1996	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/12/1996	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40
08/14/1996	INTRACORP 1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192 000-0000

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Date Released	Entity Name
08/29/1996	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/15/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
11/09/1996	PENNSYLVANIA PHYSICIANS CARE 651 E. PARK DR HARRISBURG, PA 17111 (717) 561-7890
03/18/1997	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
05/14/1997	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
05/28/1997	OXFORD HEALTH PLANS 601 WALNUT ST.- 9TH FLR PHILLY, PA 19106 21573 320-01
05/29/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
06/05/1997	GRANDVIEW SURGERY AND LASER 205 GRANDVIEW AVE STE 101 CAMP HILL, PA 17011 (717) 731-5444
06/16/1997	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
08/08/1997	AETNA NORTH CENTRAL REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
12/22/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
07/23/1998	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
08/13/1998	CGLIC 1000 CORPORATE CENTRE DR. #500 FRANKLIN, TN 37067 61559 533-24
09/14/1998	PRUDENTIAL INSURANCE CO NGO 400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901 91436 891-94
12/23/1998	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/17/1999	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
03/18/1999	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
03/22/1999	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
04/23/1999	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
05/18/1999	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
06/02/1999	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
10/25/1999	PHOENIXVILLE HOSPITAL 140 NUTT RD PHOENIXVILLE, PA 19460 (610) 983-1481
07/20/2000	EXETER SURGERY CENTER 5001 PERKIOMEN AVE. READING, PA 19606 (610) 370-5530
10/19/2000	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
10/26/2000	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
12/05/2000	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
03/07/2001	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/16/2001	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
04/05/2001	AETNA SOUTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/13/2001	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/26/2001	SELF-QUERIER
04/30/2001	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/18/2001	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515

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Date Released	Entity Name
07/02/2001	LOGAN MEMORIAL HOSPITAL 1625 NASHVILLE ST RUSSELLVILLE, KY 42276 (270) 726-4011
07/13/2001	LAKE CITY MEDICAL CENTER 340 NW COMMERCE DR LAKE CITY, FL 32055 (386) 719-9018
08/02/2001	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
08/28/2001	SELF-QUERIER
09/13/2001	GOOD SAMARITAN REGIONAL HEALTH CENTER 1 GOOD SAMARITAN WAY ATTN CREDENTIALING MOUNT VERNON, IL 62864 (618) 899-1005
10/05/2001	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
11/06/2001	ST. JOSEPH'S HOSPITAL 9515 HOLY CROSS LN BREESE, IL 62230 (618) 526-5452

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Date Released	Entity Name
11/27/2001	HEALTHLINK, INC. 12443 OLIVE BLVD SAINT LOUIS, MO 63141 (314) 989-6295
12/12/2001	CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK RD MOUNT VERNON, IL 62864 (618) 241-8544
02/07/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
05/20/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
06/13/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
06/14/2002	HIGHMARK INC. 1800 CENTER ST CAMP HILL, PA 17011 (717) 888-2049
08/02/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200

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MORRIS, VERNON RAYMOND JR.

<u>Date Released</u>	<u>Entity Name</u>
08/08/2002	FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837 (618) 847-8362
09/09/2002	MARSHALL BROWNING HOSPITAL PO BOX 192 900 N WASHINGTON STREET P O BOX 192 DU QUOIN, IL 62832 (618) 542-2146
09/10/2002	OAK HILL ADMINISTRATION 11375 CORTEZ BLVD BROOKSVILLE, FL 34613 (352) 597-6079
09/19/2002	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
01/09/2003	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/16/2003	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
05/06/2003	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
10/29/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/05/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/07/2003	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
11/11/2003	COMMUNITY HEALTH SOLUTIONS OF AMERICA 13600 ICOT BLVD BLDG A CLEARWATER, FL 33760 (727) 565-0616

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
12/19/2003	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21
01/02/2004	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/04/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
02/26/2004	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
04/05/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/12/2004	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/11/2004	GENEX SERVICES DBA CHOICE 1408 N WEST SHORE BLVD STE 700 TAMPA, FL 33607 (888) 823-5377

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Date Released	Entity Name
08/26/2004	HEALTHEASE OF FLORIDA INC. 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 (813) 206-3839
11/15/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
12/20/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/11/2005	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
04/12/2005	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
05/05/2005	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/07/2005	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060

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Date Released	Entity Name
12/15/2005	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/28/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
05/04/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/26/2006	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
01/04/2007	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632
02/07/2007	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
02/26/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
03/06/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/05/2007	NOVAMED, INC. 100 MANSELL COURT EAST SUITE 650 ROSWELL, GA 30076 (770) 882-2829
10/25/2007	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/15/2007	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
02/22/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
03/04/2008	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
04/23/2008	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

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MORRIS, VERNON RAYMOND JR.

<u>Date Released</u>	<u>Entity Name</u>
07/02/2008	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
07/25/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
<u>Date Released</u>	<u>Entity Name</u>
01/06/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
<u>Date Released</u>	<u>Entity Name</u>
02/16/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
<u>Date Released</u>	<u>Entity Name</u>
03/24/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
<u>Date Released</u>	<u>Entity Name</u>
07/21/2009	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
<u>Date Released</u>	<u>Entity Name</u>
10/05/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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<u>Date Released</u>	<u>Entity Name</u>
12/30/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
01/05/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
03/31/2010	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/13/2010	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/18/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
11/05/2010	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
11/19/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847

Date Released	Entity Name
04/06/2011	OK STATE BRD MEDICAL LIC & SUPERVISION 101 NE 51ST ST OKLAHOMA CITY, OK 73105 (405) 962-1400

Date Released	Entity Name
04/21/2011	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060

Date Released	Entity Name
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803

Date Released	Entity Name
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released	Entity Name
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120

Date Released	Entity Name
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033

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Date Released	Entity Name
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

Date Released	Entity Name
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500

Date Released	Entity Name
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687

Date Released	Entity Name
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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<u>Date Released</u>	<u>Entity Name</u>
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340
<u>Date Released</u>	<u>Entity Name</u>
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902
<u>Date Released</u>	<u>Entity Name</u>
02/20/2019	DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL 33418 (561) 427-4872
<u>Date Released</u>	<u>Entity Name</u>
08/15/2019	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800
<u>Date Released</u>	<u>Entity Name</u>
09/06/2019	SELF-QUERIER

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MORRIS, VERNON RAYMOND MD**MORRIS, VERNON RAYMOND MD****ST PAUL FIRE & MARINE INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 12/17/1990****Initial Action****Basis for Initial Action**

- SETTLEMENT

- DIAGNOSIS: DELAY IN DIAGNOSIS
- TREATMENT: FAILURE TO TREAT**A. REPORTING
ENTITY**

Entity Name: ST PAUL FIRE & MARINE INSURANCE CO. *

Address: 385 WASHINGTON ST.

City, State, Zip: ST. PAUL, MN 55102-3649

Country:

Name or Office: AL AFONSO

Title or Department: CLAIMS SUPERVISOR 564JJ9546-37B300

Telephone: (215) 941-5774

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following entity is registered as its successor:

Entity Name: ST PAUL FIRE & MARINE INSURANCE COMPANY

Address: ONE TOWER SQUARE 07MS

City, State, Zip: HARTFORD, CT 06183-0001

Country:

Name or Office: JUNE BOUCAUD - BI CLAIM OPERATIONS

Title or Department: OPERATIONS ANALYST

Telephone: (860) 277-9838

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: MORRIS, VERNON RAYMOND MD

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 09/03/1948

Organization Name: POTTSTOWN ORTHOPEDIC ASSOCIATES

Work Address: 1800 A EAST HIGH STREET

City, State, ZIP: POTTSTOWN, PA 19464

Home Address: 919 CHEVY HILL LA.

City, State, ZIP: POTTSTOWN, PA 19464

Deceased: NO

Social Security Numbers (SSN): ***-**-8611

Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1974)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: MD017002E, PA

Drug Enforcement Administration (DEA) Numbers: AM1585530

Hospital Affiliation(s): POTTSTOWN MEMORIAL MED. CENTER

POTTSTOWN, PA

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Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 1019910500234000**Process Date:** 03/24/1991**Page:** 2 of 3**MORRIS, VERNON RAYMOND MD****C. INFORMATION
REPORTED**

Date of Report: 03/24/1991
Act/Omission Code: DIAGNOSIS: DELAY IN DIAGNOSIS (050)
Date of Act/Omission: 12/31/1984
Act/Omission Code: TREATMENT: FAILURE TO TREAT (610)
Date of Act/Omission: 12/31/1984
Payment Date: 12/17/1990
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 3,000.00
Total Amount of Judgment or Settlement:
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement: 01/11/1990
Adjudicative Case Number: 160 8/85 AD
Adjudicative Body Name: COURT OF COMMON PLEAS BERKS COUNTY PA
Court File Number:
Reporter's Description of Act or Omission: PATIENT ALLEGED THAT DR. MORRIS FAILED TO DIAGNOSE A
FRACTURE TO HER ULNAR AND FAILED TO TREAT THE
INJURY.
Reporter's Description of the Judgment or Settlement: THE CASE WAS SETTLED FOR A TOTAL OF \$3,000.00.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/24/1991

Date of Most Recent Change: 03/24/1991

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1669424438

NPDB

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MORRIS, VERNON RAYMOND MD

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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MORRIS, VERNON RAYMOND MD

DISCLOSURE HISTORY

Report Number: 1019910500234000

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released

06/18/1991

Entity NamePOTTSTOWN HOSPITAL
1600 E HIGH ST
POTTSTOWN, PA 19464
(610) 327-7469**Date Released**

09/16/1991

Entity NameCOMMUNITY GENERAL HOSPITAL
145 NORTH SIXTH STREET
READING, PA 19601
21537 621-00**Date Released**

10/16/1992

Entity NameFREEDOM HEALTH CARE INC
150 STRAFFORD AVENUE
WAYNE, PA 19087
21529 393-38**Date Released**

06/01/1993

Entity NamePOTTSTOWN HOSPITAL
1600 E HIGH ST
POTTSTOWN, PA 19464
(610) 327-7469**Date Released**

10/26/1993

Entity NameCOMMUNITY GENERAL HOSPITAL
145 NORTH SIXTH STREET
READING, PA 19601
21537 621-00

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Date Released	Entity Name
10/28/1993	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/29/1993	HMO PA/NJ BUILDING ONE 980 JOLLY ROAD BLUE BELL, PA 19422 21577 548-00
11/01/1993	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
12/22/1993	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
06/17/1994	AETNA HEALTH PLAN 955 CHESTERBROOK BOULEVARD, SUITE 200 WAYNE, PA 19087 21529 393-38
06/22/1994	AETNA HEALTH PLAN 955 CHESTERBROOK BOULEVARD, SUITE 200 WAYNE, PA 19087 21529 393-38
06/29/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480

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Date Released	Entity Name
07/05/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
07/05/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
07/07/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
07/21/1994	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
11/16/1994	OAKTREE HEALTH PLAN 1818 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 21581 447-05
12/20/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
04/27/1995	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515

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MORRIS, VERNON RAYMOND MD

Date Released	Entity Name
05/23/1995	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
08/01/1995	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
11/16/1995	HMO PA/NJ BUILDING ONE 980 JOLLY ROAD BLUE BELL, PA 19422 21577 548-00
12/05/1995	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40
04/17/1996	COMMUNITY GENERAL HOSPITAL 145 NORTH SIXTH STREET READING, PA 19601 21537 621-00
06/12/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
07/09/1996	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03

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Date Released	Entity Name
08/12/1996	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40
08/14/1996	INTRACORP 1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192 000-0000
08/29/1996	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/11/1996	MERCY HEALTH PLAN AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00
10/15/1996	CAPITAL BLUECROSS 2500 ELMERTON AVE HARRISBURG, PA 17177 (717) 703-8392
11/09/1996	PENNSYLVANIA PHYSICIANS CARE 651 E. PARK DR HARRISBURG, PA 17111 (717) 561-7890

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MORRIS, VERNON RAYMOND MD

Date Released	Entity Name
03/18/1997	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
05/14/1997	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/28/1997	OXFORD HEALTH PLANS 601 WALNUT ST.- 9TH FLR PHILLY, PA 19106 21573 320-01
05/29/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
06/05/1997	GRANDVIEW SURGERY AND LASER 205 GRANDVIEW AVE STE 101 CAMP HILL, PA 17011 (717) 731-5444
06/16/1997	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
08/08/1997	AETNA NORTH CENTRAL REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17

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Date Released	Entity Name
12/22/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
07/23/1998	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
08/13/1998	CGLIC 1000 CORPORATE CENTRE DR. #500 FRANKLIN, TN 37067 61559 533-24
09/14/1998	PRUDENTIAL INSURANCE CO NGO 400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901 91436 891-94
12/23/1998	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/17/1999	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
03/18/1999	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480

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Date Released	Entity Name
03/22/1999	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
04/23/1999	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
05/18/1999	QUALMED PLANS FOR HEALTH 1835 MARKET STREET, 11 PENN CENTER, 8TH PHILADELPHIA, PA 19103 21520 967-03
06/02/1999	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
10/25/1999	PHOENIXVILLE HOSPITAL 140 NUTT RD PHOENIXVILLE, PA 19460 (610) 983-1481
07/20/2000	EXETER SURGERY CENTER 5001 PERKIOMEN AVE. READING, PA 19606 (610) 370-5530
10/19/2000	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249

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Date Released	Entity Name
10/26/2000	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
12/05/2000	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
03/07/2001	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519
03/16/2001	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17
04/05/2001	AETNA SOUTHEAST REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/13/2001	AETNA MID-ATLANTIC REGION 1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457 86063 642-17
04/26/2001	SELF-QUERIER

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Date Released	Entity Name
04/30/2001	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
05/18/2001	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
07/02/2001	LOGAN MEMORIAL HOSPITAL 1625 NASHVILLE ST RUSSELLVILLE, KY 42276 (270) 726-4011
07/13/2001	LAKE CITY MEDICAL CENTER 340 NW COMMERCE DR LAKE CITY, FL 32055 (386) 719-9018
08/02/2001	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
08/28/2001	SELF-QUERIER
09/13/2001	GOOD SAMARITAN REGIONAL HEALTH CENTER 1 GOOD SAMARITAN WAY ATTN CREDENTIALING MOUNT VERNON, IL 62864 (618) 899-1005

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Date Released	Entity Name
10/05/2001	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249
11/06/2001	ST. JOSEPH'S HOSPITAL 9515 HOLY CROSS LN BREESE, IL 62230 (618) 526-5452
11/27/2001	HEALTHLINK, INC. 12443 OLIVE BLVD SAINT LOUIS, MO 63141 (314) 989-6295
12/12/2001	CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK RD MOUNT VERNON, IL 62864 (618) 241-8544
02/07/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
05/20/2002	SALEM TOWNSHIP HOSPITAL 1201 RICKER RD SALEM, IL 62881 (618) 548-3194
06/13/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200

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Date Released	Entity Name
06/14/2002	HIGHMARK INC. 1800 CENTER ST CAMP HILL, PA 17011 (717) 888-2049
08/02/2002	WASHINGTON COUNTY HOSPITAL 705 S GRAND ST ADMINISTRATION/MEDICAL STAFF NASHVILLE, IL 62263 (618) 327-2200
08/08/2002	FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837 (618) 847-8362
09/09/2002	MARSHALL BROWNING HOSPITAL PO BOX 192 900 N WASHINGTON STREET P O BOX 192 DU QUOIN, IL 62832 (618) 542-2146
09/10/2002	OAK HILL ADMINISTRATION 11375 CORTEZ BLVD BROOKSVILLE, FL 34613 (352) 597-6079
09/19/2002	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
01/09/2003	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
04/16/2003	SSM HEALTH ST. MARY'S HOSPITAL 400 N PLEASANT AVE CENTRALIA, IL 62801 (618) 436-6204
05/06/2003	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
10/29/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/04/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293
11/05/2003	FOCUS HEALTH CARE 720 COOL SPRINGS BLVD SUITE 300 FRANKLIN, TN 37067 (615) 778-4293

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Date Released	Entity Name
11/07/2003	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
11/11/2003	COMMUNITY HEALTH SOLUTIONS OF AMERICA 13600 ICOT BLVD BLDG A CLEARWATER, FL 33760 (727) 565-0616
12/19/2003	UNITEDHEALTHCARE OF FLORIDA 800 NORTH MAGNOLIA ORLANDO, FL 32806 40731 788-21
01/02/2004	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
02/04/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
02/26/2004	BLUE CROSS BLUE SHIELD 4800 DEERWOOD CAMPUS PKWY BLDG 800 JACKSONVILLE, FL 32246 (904) 905-1996
04/05/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500

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Date Released	Entity Name
04/12/2004	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/11/2004	GENEX SERVICES DBA CHOICE 1408 N WEST SHORE BLVD STE 700 TAMPA, FL 33607 (888) 823-5377
08/26/2004	HEALTHEASE OF FLORIDA INC. 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 (813) 206-3839
11/15/2004	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
12/20/2004	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/11/2005	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
04/12/2005	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133

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Date Released	Entity Name
05/05/2005	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
11/07/2005	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
12/15/2005	SURGICAL CENTER OF CENTRAL FLORIDA 3601 S. HIGHLANDS AVE. SEBRING, FL 33870 (863) 382-7500
04/28/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
05/04/2006	HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870 (863) 314-5848
06/26/2006	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
01/04/2007	FIRST HEALTH GROUP CORP. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817 (916) 374-4632

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<u>Date Released</u>	<u>Entity Name</u>
02/07/2007	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
02/26/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
03/06/2007	ADVENTHEALTH 4200 SUN N LAKE BLVD SEBRING, FL 33872 (863) 402-3133
04/05/2007	NOVAMED, INC. 100 MANSELL COURT EAST SUITE 650 ROSWELL, GA 30076 (770) 882-2829
10/25/2007	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/15/2007	ARIZONA MEDICAL BOARD 1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007 (480) 551-2700
02/22/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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Date Released	Entity Name
03/04/2008	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
04/23/2008	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/02/2008	SELF-QUERIER
07/25/2008	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
01/06/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
02/16/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/24/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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Date Released	Entity Name
07/21/2009	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
10/05/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/30/2009	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
01/05/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
03/31/2010	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
07/13/2010	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229

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Date Released	Entity Name
10/18/2010	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
11/05/2010	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
11/19/2010	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
04/06/2011	OK STATE BRD MEDICAL LIC & SUPERVISION 101 NE 51ST ST OKLAHOMA CITY, OK 73105 (405) 962-1400
04/21/2011	HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I 2025 CRYSTAL WOOD DR LAKELAND, FL 33801 (863) 665-6060
08/11/2011	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/02/2012	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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<u>Date Released</u>	<u>Entity Name</u>
06/06/2012	DIVISION OF MEDICAL QUALITY ASSURANCE BUREAU OF OPERATIONS 4052 BALD CYPRESS WAY BIN C-01 TALLAHASSEE, FL 32399 (850) 245-4120
06/25/2012	MAIN LINE HEALTH HOSPITALS 130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010 (484) 337-8033
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
03/13/2014	PRIME HEALTH SERVICES, INC. 331 MALLORY STATION RD FRANKLIN, TN 37067 (615) 565-9011
03/28/2014	CORVEL CORPORATION 8701 PARK CENTRAL DR STE 300 RICHMOND, VA 23227 (804) 420-1702

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Date Released	Entity Name
06/23/2014	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
06/25/2014	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/08/2014	HUMANA GOVERNMENT BUSINESS PO BOX 740062 500 W MAIN STREET #515-4 LOUISVILLE, KY 40201 (502) 318-0803
04/14/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/20/2015	MEDICAL BOARD OF CALIFORNIA 2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815 (916) 263-2639
10/22/2015	WEATHERBY ASSOCIATES, INC. 6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308 (800) 586-5022
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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Date Released	Entity Name
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
12/21/2015	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
07/07/2016	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229
09/23/2016	ADVANCED AMBULATORY SURGERY CENTER 652 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701 (407) 947-3081
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
03/29/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106
04/04/2017	MEDICAL EVALUATION SPECIALISTS 150 PRESIDENTIAL WAY STE 110 WOBURN, MA 01801 1339 987-9106

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Date Released	Entity Name
07/13/2017	MILLENIA SURGERY CENTER, LLC 4901 VINELAND RD STE 150 ORLANDO, FL 32811 (813) 569-6500
11/15/2017	MED-EVAL INC. 22636 DAVIS DR STE 200 STERLING, VA 20164 (800) 809-5687
01/29/2018	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618
05/01/2018	CLERMONT AMBULATORY SUGICAL CENTER LLLP 255 CITRUS TOWER BLVD STE 100 CLERMONT, FL 34711 (352) 536-6340
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902
02/20/2019	DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL 33418 (561) 427-4872
08/15/2019	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309 (954) 748-2800

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Date Released

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Entity Name

SELF-QUERIER
