

5500000151285631

Process Date: 09/06/2019

Page: 1 of 1

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.

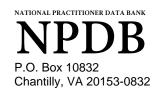
Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud 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.



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Process Date: 09/06/2019

Date of Action:

11/07/2017

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MORRIS, VERNON RAYMOND JR - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

MORRIS, VERNON RAYMOND JR **Practitioner Name:**

Date of Birth: Gender: MALE 09/03/1948 **Delivery Address:** 128 S HUCKLEBERRY LAKE DR, SEBRING, FL 33875-5620 Social Security Number: ***-**-8611 NPI: 1669424438

FEIN: 020645026

PHYSICIAN (MD), ME85558, FL, ORTHOPEDIC SURGERY License:

Professional School(s): TEMPLE UNIVERSITY (1974)

B. PAYMENT INFORMATION

XXXXXXXXXXX5773 (05/2024) **Credit Card Information:**

NPDB Charge: \$4.00 **NPDB Bill Reference Number:** N64848267 09/06/2019 **Transaction Date:** 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 No Reports Peer Review Organization Action(s): No Reports Clinical Privileges Action(s):

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

- SETTLEMENT Initial Action:

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

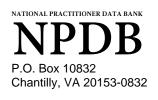
LASER SPINE INSTITUTE

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT Date of Action: 07/22/2011

DCN: 5500000070022616



5500000151285631

Process Date: 09/06/2019

12/15/1999

Page: 2 of 3

PA PROP & CAS INS GUAR ASSN

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - SURGERY: IMPROPER PERFORMANCE OF SURGERY

Initial Action: - SETTLEMENT Date of Action:

DCN: 5500000015628922

PIC INSURANCE GROUP, INC.

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - TREATMENT: IMPROPER MANAGEMENT OF COURSE OF TREATMENT

Initial Action: - SETTLEMENT Date of Action: 11/22/1996

DCN: 550000004407880

PHYSICIANS INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - SURGERY: WRONG BODY PART

Initial Action: - JUDGMENT Date of Action: 03/29/1996

DCN: 550000002302256

ST PAUL INS CO - PHILADELPHIA

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - DIAGNOSIS: NOT OTHERWISE CLASSIFIED - DIAGNOSIS: NOT OTHERWISE CLASSIFIED

Initial Action: - SETTLEMENT Date of Action: 03/16/1995

DCN: 1019950930140000

MED PROF LIAB CATASTROPHE LOSS FUND

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - SURGERY: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED CONSENT

Initial Action: - SETTLEMENT Date of Action: 12/30/1994

DCN: 1019950320349000

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 Date of Action: 04/20/1994

DCN: 1019941150340000

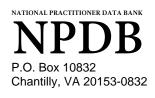
ST PAUL FIRE & MARINE INSURANCE CO.

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - DIAGNOSIS: DELAY IN DIAGNOSIS - TREATMENT: FAILURE TO TREAT

Initial Action: - SETTLEMENT Date of Action: 12/17/1990

DCN: 1019910500234000

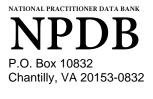


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Process Date: 09/06/2019

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	Unabridged	Report(s) Follow	
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DCN: 5500000129329654 Process Date: 11/15/2017

Basis for Initial Action

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MORRIS, VERNON RAYMOND JR.

Date of Action: 11/07/2017

MORRIS, VERNON RAYMOND JR.

NATIONAL FIRE & MARINE INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Initial Action

- WRONG BODY PART

A. REPORTING ENTITY

- SETTLEMENT

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

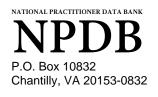
This Payment Represents: A SINGLE FINAL PAYMENT

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



DCN: 5500000129329654 Process Date: 11/15/2017

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MORRIS, VERNON RAYMOND JR.

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)

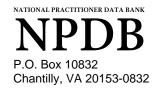
Description of the Allegations and Injuries or Illnesses Upon

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.



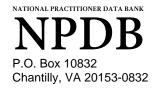
DCN: 5500000129329654 Process Date: 11/15/2017

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MORRIS, VERNON RAYMOND JR.

	At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U. Department of Health and Human Services and a decision was reached. The subject has requested the 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 informatio contained in this report.			
	National Provider Identifiers (NP	기): 1669424438		
	The Data Bank attempted to notify the Subject Identified in Section B on 11/15/2017 at the address below, but attempt was unsuccessful.			
		Y FORGE CIRCLE SIA, PA 19406		
This report is maintaine	ed under the provisions of: Title	e IV		
The information containe provisions of Title IV of P for the purpose for which	d in this report is maintained by the ublic Law 99-660, as amended, a it was disclosed. Disclosure or u	he National Practitioner Data Bank for restricted use under the and 45 CFR Part 60. All information is confidential and may be used only use of confidential information for other purposes is a violation of federal reporting entity identified in Section A.		

END OF REPORT



DCN: 5500000129329654 Process Date: 11/15/2017

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MORRIS, VERNON RAYMOND JR.

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



DCN: 5500000129329654 Process Date: 11/15/2017

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MORRIS, VERNON RAYMOND JR.

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

Date Released Entity Name

05/01/2018 CLERMONT AMBULATORY SUGICAL CENTER LLLP

255 CITRUS TOWER BLVD STE 100

CLERMONT, FL 34711

(352) 536-6340

Date Released Entity Name

01/17/2019 GENEX SERVICES, LLC

440 E SWEDESFORD RD STE 1000

WAYNE, PA 19087 (215) 298-4902

Date Released Entity Name

02/20/2019 DANE STREET, LLC

7121 FAIRWAY DR STE 105

PALM BEACH GARDENS, FL 33418

(561) 427-4872

Date Released Entity Name

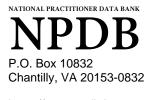
08/15/2019 ALL CARE CONSULTANTS

3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309

(954) 748-2800

Date Released Entity Name

09/06/2019 SELF-QUERIER



DCN: 5500000071727883 **Process Date:** 11/15/2011

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MORRIS, VERNON RAYMOND JR

MORRIS, VERNON RAYMOND JR

LEXINGTON INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Initial Action

Basis for Initial Action

Date of Action: 07/25/2011

- 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:

City, State, Zir.

Deceased: UNKNOWN

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

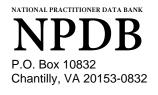
Professional School(s) & Year(s) of Graduation: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1974)

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



DCN: 5500000071727883 Process Date: 11/15/2011

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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

SINGLE PAYMENT WAS MADE BY CHARTIS OF \$7,395. Conditions, Including Terms of Payment: 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

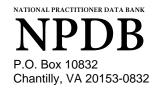
Which the Action or Claim Was Based:

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and Injuries or Illnesses Upon

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.

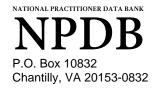


DCN: 5500000071727883 Process Date: 11/15/2011

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MORRIS, VERNON RAYMOND JR

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 maintaine	This report is maintained under the provisions of: Title IV				
provisions of Title IV of Pu for the purpose for which	In this report is maintained by the National Practitioner Data Bank for restricted use under the ablic Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal ation or clarification, contact the reporting entity identified in Section A.				
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DCN: 5500000071727883 Process Date: 11/15/2011

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MORRIS, VERNON RAYMOND JR

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			
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			
Date Released	Entity Name			
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120 TAMPA, FL 33606 (813) 844-7229			
Date Released	Entity Name			
11/29/2013	LASER SPINE INSTITUTE, LLC 5332 AVION PARK DR TAMPA, FL 33607			

(813) 392-7618



DCN: 5500000071727883 Process Date: 11/15/2011

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MORRIS, VERNON RAYMOND JR

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803

Date Released Entity Name

04/14/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

05/20/2015 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639



DCN: 5500000071727883 Process Date: 11/15/2011

Page: 3 of 5

MORRIS, VERNON RAYMOND JR

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

09/23/2016 ADVANCED AMBULATORY SURGERY CENTER

652 PALM SPRINGS DR

ALTAMONTE SPRINGS, FL 32701

(407) 947-3081

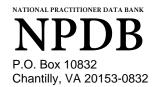
Date Released Entity Name

03/29/2017 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106



DCN: 5500000071727883 Process Date: 11/15/2011

Page: 4 of 5

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

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

Date Released Entity Name

05/01/2018 CLERMONT AMBULATORY SUGICAL CENTER LLLP

255 CITRUS TOWER BLVD STE 100

CLERMONT, FL 34711

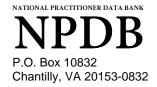
(352) 536-6340

Date Released Entity Name

01/17/2019 GENEX SERVICES, LLC

440 E SWEDESFORD RD STE 1000

WAYNE, PA 19087 (215) 298-4902



DCN: 5500000071727883 Process Date: 11/15/2011

Page: 5 of 5

MORRIS, VERNON RAYMOND JR

Date Released Entity Name

02/20/2019 DANE STREET, LLC

7121 FAIRWAY DR STE 105

PALM BEACH GARDENS, FL 33418

(561) 427-4872

Date Released Entity Name

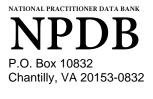
08/15/2019 ALL CARE CONSULTANTS

3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309

(954) 748-2800

Date Released Entity Name

09/06/2019 SELF-QUERIER



DCN: 5500000070022616 Process Date: 08/11/2011

Page: 1 of 4

MORRIS, VERNON RAYMOND JR

MORRIS, VERNON RAYMOND JR

LASER SPINE INSTITUTE, LLC

MEDICAL MALPRACTICE PAYMENT REPORT

Initial Action

Basis for Initial Action

Date of Action: 07/22/2011

- 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

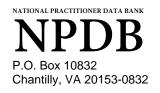
Occupation/Field of Licensure: PHYSICIAN (MD)

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)



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 HOSPSITAL

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

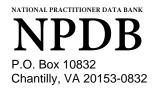
Description of the Medical Condition With Which the Patient

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

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DCN: 5500000070022616 Process Date: 08/11/2011

Page: 3 of 4

MORRIS, VERNON RAYMOND JR

LOWER BACK PAIN THAT RADIATED TO HER LEFT HIP.

Description of the Procedure Performed: ON NOVEMEBR 5, 2008 A FIFITY-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 ALLEGEED NEGLIGENCE, PATIENT CONTRACTED BACTRERIAL 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:

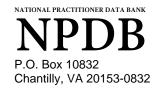
Date of Original Submission: 08/11/2011

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



DCN: 5500000070022616 Process Date: 08/11/2011

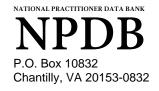
Page: 4 of 4

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	
END OF VELOVI	



DCN: 5500000070022616 Process Date: 08/11/2011

Page: 1 of 5

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		
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		
Date Released	Entity Name		
07/11/2012	TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR H-120		

TAMPA, FL 33606 (813) 844-7229



DCN: 5500000070022616 Process Date: 08/11/2011

Page: 2 of 5

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

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803

Date Released Entity Name

04/14/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 5500000070022616 Process Date: 08/11/2011

Page: 3 of !

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

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

09/23/2016 ADVANCED AMBULATORY SURGERY CENTER

652 PALM SPRINGS DR

ALTAMONTE SPRINGS, FL 32701

(407) 947-3081



DCN: 5500000070022616 Process Date: 08/11/2011

Page: 4 of !

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

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

Date Released Entity Name

05/01/2018 CLERMONT AMBULATORY SUGICAL CENTER LLLP

255 CITRUS TOWER BLVD STE 100

CLERMONT, FL 34711

(352) 536-6340



Date Released

Date Released

DCN: 5500000070022616 Process Date: 08/11/2011

Page: 5 of

MORRIS, VERNON RAYMOND JR

Entity Name 01/17/2019 GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902 Date Released **Entity Name** 02/20/2019 DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL (561) 427-4872

08/15/2019 ALL CARE CONSULTANTS

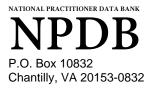
> 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309

(954) 748-2800

Entity Name

Date Released Entity Name

09/06/2019 **SELF-QUERIER**



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

Basis for Initial Action

Date of Action: 12/15/1999

Initial Action

- SURGERY: IMPROPER PERFORMANCE OF SURGERY

A. REPORTING ENTITY

- SETTLEMENT

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):

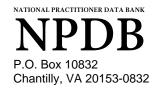
C. INFORMATION REPORTED

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



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 2 of 3 MORRIS, VERNON R. MD

Total Amount of Judgment or Settlement: \$ 50,000.00

Payment Result of: SETTLEMENT

Amount of This Payment: \$ 40,199.00

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 DURRING A CARPAL

TUNNEL RELEASE.

Reporter's Description of the Judgment or Settlement: THIS MATTER SETTLED FOR \$50,000.00 MINUS A STATUTORY

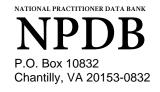
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		011521
D. SUBJECT STATEMENT	If the subject identified in Section B of	of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	This report has been disputed by At the request of the subject idea U.S. Department of Health and reporting requirements. No decomposition of the subject idea Department of Health and Hum the Secretary reconsider the ori	entified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that
	_	

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



DCN: 5500000015628922 Process Date: 12/15/1999

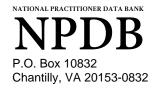
Page: 3 of 3

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	



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 1 of 17 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	Entity Name	
07/20/2000	EXETER SURGERY CENTER 5001 PERKIOMEN AVE. READING, PA 19606 (610) 370-5530	
Date Released	Entity Name	
10/19/2000	READING HOSPITAL PO BOX 16052 SIXTH AVENUE AND SPRUCE STREET READING, PA 19612 (484) 628-8249	
Date Released	Entity Name	
10/26/2000	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480	
Date Released	Entity Name	
12/05/2000	ELKINS PARK HOSPITAL 60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027 21566 363-17	
Date Released	Entity Name	
03/07/2001	TOWER HEALTH PPO PO BOX 13579 READING, PA 19612 (267) 981-6519	



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 2 of 17 MORRIS, VERNON R. MD

Date Released	Entity Name
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03/16/2001 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

04/05/2001 AETNA SOUTHEAST REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/13/2001 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/26/2001 SELF-QUERIER

Date Released Entity Name

04/30/2001 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/18/2001 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

07/02/2001 LOGAN MEMORIAL HOSPITAL

1625 NASHVILLE ST

RUSSELLVILLE, KY 42276

(270) 726-4011



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 3 of 17 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

Date Released Entity Name

08/02/2001 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 6280⁴

(618) 436-6204

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



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 4 of 17 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

Date Released Entity Name

02/07/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

05/20/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

06/13/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

06/14/2002 HIGHMARK INC.

1800 CENTER ST

CAMP HILL, PA 17011

(717) 888-2049

Date Released Entity Name

08/02/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

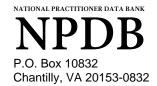
Date Released Entity Name

08/08/2002 FAIRFIELD MEMORIAL HOSPITAL

303 NW 11TH ST

FAIRFIELD, IL 62837

(618) 847-8362



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 5 of 17 MORRIS, VERNON R. MD

Date Released	Entity Name
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09/09/2002 MARSHALL BROWNING HOSPITAL

PO BOX 192

900 N WASHINGTON STREET P O BOX 192

DU QUOIN, IL 62832

(618) 542-2146

Date Released Entity Name

09/10/2002 OAK HILL ADMINISTRATION

11375 CORTEZ BLVD

BROOKSVILLE, FL 34613

(352) 597-6079

Date Released Entity Name

09/19/2002 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

01/09/2003 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/16/2003 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

05/06/2003 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

10/29/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 6 of 17 MORRIS, VERNON R. MD

Date Released	Entity Name
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11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/05/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/07/2003 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

11/11/2003 COMMUNITY HEALTH SOLUTIONS OF AMERICA

13600 ICOT BLVD BLDG A CLEARWATER, FL 33760

(727) 565-0616

Date Released Entity Name

12/19/2003 UNITEDHEALTHCARE OF FLORIDA

800 NORTH MAGNOLIA ORLANDO, FL 32806

40731 788-21



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 7 of 17 MORRIS, VERNON R. MD

Date Released Entity Name

01/02/2004 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/04/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

02/26/2004 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

04/05/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/12/2004 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

06/11/2004 GENEX SERVICES DBA CHOICE

1408 N WEST SHORE BLVD STE 700

TAMPA, FL 33607 (888) 823-5377

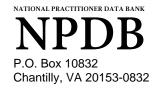
Date Released Entity Name

08/26/2004 HEALTHEASE OF FLORIDA INC.

8735 HENDERSON ROAD

REN 2

TAMPA, FL 33634 (813) 206-3839



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 8 of 17 MORRIS, VERNON R. MD

Date Released Entity Name

11/15/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

12/20/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/11/2005 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

04/12/2005 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

05/05/2005 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

11/07/2005 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

12/15/2005 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 9 of 17 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

Date Released Entity Name

05/04/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

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

Date Released Entity Name

01/04/2007 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

02/07/2007 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

02/26/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

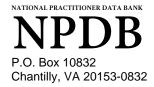
(863) 402-3133

Date Released Entity Name

03/06/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 10 of 17 MORRIS, VERNON R. MD

Date Released Entity Name

04/05/2007 NOVAMED, INC.

100 MANSELL COURT EAST

SUITE 650

ROSWELL, GA 30076

(770) 882-2829

Date Released Entity Name

10/25/2007 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

11/15/2007 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000

PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

02/22/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

03/04/2008 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

04/23/2008 DIVISION OF MEDICAL QUALITY ASSURANCE

BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY BIN C-01

TALLAHASSEE, FL 32399

(850) 245-4120



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 11 of 17 MORRIS, VERNON R. MD

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



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 12 of 17 MORRIS, VERNON R. MD

Date Released	Entity Name
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12/30/2009 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

01/05/2010 MAIN LINE HEALTH HOSPITALS

130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033

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

Date Released Entity Name

07/13/2010 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

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

Date Released Entity Name

11/05/2010 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 13 of 17 MORRIS, VERNON R. MD

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

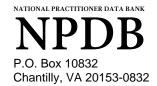
(850) 245-4120

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



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 14 of 17 MORRIS, VERNON R. MD

Date Released	Entity Name
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07/11/2012 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

11/29/2013 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

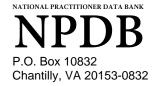
Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 15 of 17 MORRIS, VERNON R. MD

Date Released Entity Name

04/14/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

05/20/2015 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 5500000015628922 Process Date: 12/15/1999

Page: 16 of 17 MORRIS, VERNON R. MD

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.

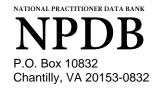
22636 DAVIS DR STE 200 STERLING, VA 20164

(800) 809-5687

Date Released Entity Name

01/29/2018 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



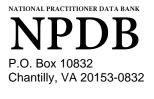
09/06/2019

DCN: 5500000015628922 Process Date: 12/15/1999

Page: 17 of 17 MORRIS, VERNON R. MD

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

SELF-QUERIER



DCN: 5500000004407880 Process Date: 11/27/1996

Page: 1 of 3

MORRIS, VERNON RAYMOND JR.

MORRIS, VERNON RAYMOND JR.

PIC INSURANCE GROUP

MEDICAL MALPRACTICE PAYMENT REPORT

Initial Action

Basis for Initial Action

Date of Action: 11/22/1996

- 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

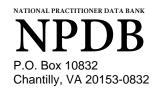
Date of Report: 11/27/1996

Act/Omission Code: TREATMENT: IMPROPER MANAGEMENT OF COURSE OF TREATMENT

(650)

Date of Act/Omission: 11/21/1989
Payment Date: 11/22/1996

 $\begin{tabular}{ll} Multiple or Single Payment: & {\tt SINGLE} \\ \end{tabular}$



DCN: 5500000004407880 Process Date: 11/27/1996

Page: 2 of 3

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:

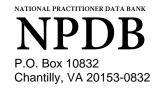
Date of Original Submission: 11/27/1996

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



DCN: 5500000004407880 Process Date: 11/27/1996

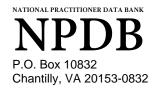
Page: 3 of 3

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 _____



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

DISCLOSURE HISTORY

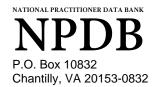
Report Number: 550000004407880

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
03/18/1997	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
Date Released	Entity Name
05/14/1997	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
Date Released	Entity Name
05/28/1997	OXFORD HEALTH PLANS 601 WALNUT ST 9TH FLR PHILLY, PA 19106 21573 320-01
Date Released	Entity Name
05/29/1997	HEALTH PARTNERS PLANS 901 MARKET ST STE 500 PHILADELPHIA, PA 19107 (267) 385-3829
Date Released	Entity Name
06/05/1997	GRANDVIEW SURGERY AND LASER 205 GRANDVIEW AVE STE 101 CAMP HILL, PA 17011 (717) 731-5444



Date Released

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MORRIS, VERNON RAYMOND JR.

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

Entity Name

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

12/22/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

07/23/1998 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

08/13/1998 CGLIC

1000 CORPORATE CENTRE DR. #500

FRANKLIN, TN 37067

61559 533-24

Date Released Entity Name

09/14/1998 PRUDENTIAL INSURANCE CO NGO

400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901

91436 891-94

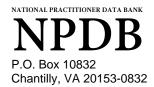
Date Released Entity Name

12/23/1998 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

03/17/1999 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

03/18/1999 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

03/22/1999 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

04/23/1999 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

05/18/1999 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

06/02/1999 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

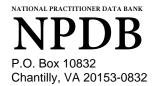
Date Released Entity Name

10/25/1999 PHOENIXVILLE HOSPITAL

140 NUTT RD

PHOENIXVILLE, PA 19460

(610) 983-1481



DCN: 5500000004407880 Process Date: 11/27/1996

Page: 4 of 20

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

07/20/2000 EXETER SURGERY CENTER

5001 PERKIOMEN AVE. READING, PA 19606

(610) 370-5530

Date Released Entity Name

10/19/2000 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

10/26/2000 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

12/05/2000 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

03/07/2001 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/16/2001 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

04/05/2001 AETNA SOUTHEAST REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17



DCN: 5500000004407880 Process Date: 11/27/1996

Page: 5 of 20

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

Date Released Entity Name

04/26/2001 SELF-QUERIER

Date Released Entity Name

04/30/2001 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/18/2001 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

07/02/2001 LOGAN MEMORIAL HOSPITAL

1625 NASHVILLE ST

RUSSELLVILLE, KY 42276

(270) 726-4011

Date Released Entity Name

07/13/2001 LAKE CITY MEDICAL CENTER

340 NW COMMERCE DR LAKE CITY, FL 32055

(386) 719-9018

Date Released Entity Name

08/02/2001 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204



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Page: 6 of 20

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

Date Released Entity Name

06/13/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

06/14/2002 HIGHMARK INC.

1800 CENTER ST

CAMP HILL, PA 17011

(717) 888-2049

Date Released Entity Name

08/02/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

08/08/2002 FAIRFIELD MEMORIAL HOSPITAL

303 NW 11TH ST

FAIRFIELD, IL 62837

(618) 847-8362

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



DCN: 5500000004407880 Process Date: 11/27/1996

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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

Date Released Entity Name

09/19/2002 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

01/09/2003 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/16/2003 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

05/06/2003 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

10/29/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293



DCN: 5500000004407880 Process Date: 11/27/1996

Page: 9 of 20

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/05/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/07/2003 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

11/11/2003 COMMUNITY HEALTH SOLUTIONS OF AMERICA

13600 ICOT BLVD BLDG A CLEARWATER, FL 33760

(727) 565-0616

Date Released Entity Name

12/19/2003 UNITEDHEALTHCARE OF FLORIDA

800 NORTH MAGNOLIA ORLANDO, FL 32806

40731 788-21

Date Released Entity Name

01/02/2004 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/04/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

02/26/2004 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

04/05/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/12/2004 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

06/11/2004 GENEX SERVICES DBA CHOICE

1408 N WEST SHORE BLVD STE 700

TAMPA, FL 33607 (888) 823-5377

Date Released Entity Name

08/26/2004 HEALTHEASE OF FLORIDA INC.

8735 HENDERSON ROAD

REN 2

TAMPA, FL 33634 (813) 206-3839

Date Released Entity Name

11/15/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

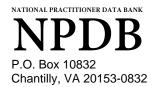
(863) 382-7500

Date Released Entity Name

12/20/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

03/11/2005 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

04/12/2005 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

05/05/2005 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

11/07/2005 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

12/15/2005 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/28/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

05/04/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848



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MORRIS, VERNON RAYMOND JR.

06/26/2006 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

01/04/2007 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

02/07/2007 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

02/26/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/06/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/05/2007 NOVAMED, INC.

100 MANSELL COURT EAST

SUITE 650

ROSWELL, GA 30076

(770) 882-2829



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

10/25/2007 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

11/15/2007 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

02/22/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

03/04/2008 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

04/23/2008 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

07/02/2008 SELF-QUERIER

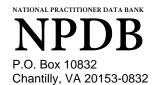
Date Released Entity Name

07/25/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

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

Date Released Entity Name

12/30/2009 LASER SPINE INSTITUTE, LLC

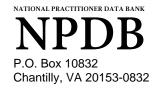
5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

01/05/2010 MAIN LINE HEALTH HOSPITALS

130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

03/31/2010 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

07/13/2010 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

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

Date Released Entity Name

11/05/2010 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

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

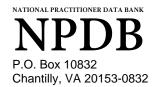
Date Released Entity Name

07/11/2012 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 5500000004407880 Process Date: 11/27/1996

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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

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803

Date Released Entity Name

04/14/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 5500000004407880 Process Date: 11/27/1996

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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

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

09/23/2016 ADVANCED AMBULATORY SURGERY CENTER

652 PALM SPRINGS DR

ALTAMONTE SPRINGS, FL 32701

(407) 947-3081



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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

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

Date Released Entity Name

05/01/2018 CLERMONT AMBULATORY SUGICAL CENTER LLLP

255 CITRUS TOWER BLVD STE 100

CLERMONT, FL 34711

(352) 536-6340



DCN: 5500000004407880 Process Date: 11/27/1996

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

01/17/2019 GENEX SERVICES, LLC

440 E SWEDESFORD RD STE 1000

WAYNE, PA 19087 (215) 298-4902

Date Released Entity Name

02/20/2019 DANE STREET, LLC

7121 FAIRWAY DR STE 105

PALM BEACH GARDENS, FL 33418

(561) 427-4872

Date Released Entity Name

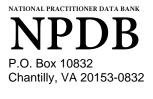
08/15/2019 ALL CARE CONSULTANTS

3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309

(954) 748-2800

Date Released Entity Name

09/06/2019 SELF-QUERIER



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 1 of 3

MORRIS, VERNON RAYMOND JR.

MORRIS, VERNON RAYMOND JR.

PIC INSURANCE GROUP

MEDICAL MALPRACTICE PAYMENT REPORT

Initial Action

Basis for Initial Action

Date of Action: 03/29/1996

- 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

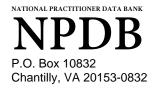
C. INFORMATION REPORTED

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



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 2 of 3

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.

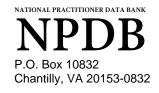
Reporter's Description of the Judgment or Settlement: THIS CASE SETTLED FOR A TOTAL OF \$21,388.32 ON BEHALF OF

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.	

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.

National Provider Identifiers (NPI): 1669424438

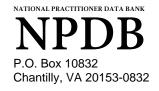


DCN: 5500000002302256 Process Date: 04/15/1996

Page: 3 of 3

MORRIS, VERNON RAYMOND JR.

END OF REPORT —



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 1 of 21

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.

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



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 2 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

08/29/1996 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113

21552 160-00

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

Date Released Entity Name

10/15/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

11/09/1996 PENNSYLVANIA PHYSICIANS CARE

651 E. PARK DR

HARRISBURG, PA 17111

(717) 561-7890

Date Released Entity Name

03/18/1997 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

05/14/1997 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 3 of 21

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

Date Released Entity Name

05/29/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

06/05/1997 GRANDVIEW SURGERY AND LASER

205 GRANDVIEW AVE STE 101

CAMP HILL, PA 17011

(717) 731-5444

Date Released Entity Name

06/16/1997 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

08/08/1997 AETNA NORTH CENTRAL REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

12/22/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

07/23/1998 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 4 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

08/13/1998 CGLIC

1000 CORPORATE CENTRE DR. #500

FRANKLIN, TN 37067

61559 533-24

Date Released Entity Name

09/14/1998 PRUDENTIAL INSURANCE CO NGO

400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901

91436 891-94

Date Released Entity Name

12/23/1998 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/17/1999 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

03/18/1999 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

03/22/1999 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

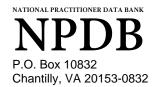
04/23/1999 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 5 of 21

MORRIS, VERNON RAYMOND JR.

Entity Name

05/18/1999 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

06/02/1999 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

10/25/1999 PHOENIXVILLE HOSPITAL

140 NUTT RD

PHOENIXVILLE, PA 19460

(610) 983-1481

Date Released Entity Name

07/20/2000 EXETER SURGERY CENTER

5001 PERKIOMEN AVE. READING, PA 19606

(610) 370-5530

Date Released Entity Name

10/19/2000 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

10/26/2000 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

12/05/2000 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 6 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

03/07/2001 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/16/2001 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

04/05/2001 AETNA SOUTHEAST REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/13/2001 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/26/2001 SELF-QUERIER

Date Released Entity Name

04/30/2001 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

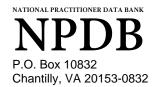
(610) 327-7469

Date Released Entity Name

05/18/2001 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 7 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

07/02/2001 LOGAN MEMORIAL HOSPITAL

1625 NASHVILLE ST

RUSSELLVILLE, KY 42276

(270) 726-4011

Date Released Entity Name

07/13/2001 LAKE CITY MEDICAL CENTER

340 NW COMMERCE DR LAKE CITY, FL 32055

(386) 719-9018

Date Released Entity Name

08/02/2001 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

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

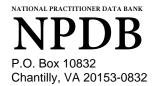
(484) 628-8249

Date Released Entity Name

11/06/2001 ST. JOSEPH'S HOSPITAL

9515 HOLY CROSS LN BREESE, IL 62230

(618) 526-5452



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 8 of 21

MORRIS, VERNON RAYMOND JR.

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

Date Released Entity Name

05/20/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

06/13/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

06/14/2002 HIGHMARK INC.

1800 CENTER ST

CAMP HILL, PA 17011

(717) 888-2049

Date Released Entity Name

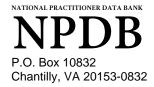
08/02/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 9 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

08/08/2002 FAIRFIELD MEMORIAL HOSPITAL

303 NW 11TH ST

FAIRFIELD, IL 62837

(618) 847-8362

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

Date Released Entity Name

09/10/2002 OAK HILL ADMINISTRATION

11375 CORTEZ BLVD BROOKSVILLE, FL 34613

(352) 597-6079

Date Released Entity Name

09/19/2002 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

01/09/2003 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/16/2003 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

05/06/2003 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 10 of 21

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

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/05/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/07/2003 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

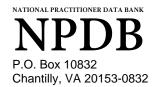
(863) 665-6060

Date Released Entity Name

11/11/2003 COMMUNITY HEALTH SOLUTIONS OF AMERICA

13600 ICOT BLVD BLDG A CLEARWATER, FL 33760

(727) 565-0616



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 11 of 21

MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
---------------	-------------

12/19/2003 UNITEDHEALTHCARE OF FLORIDA

800 NORTH MAGNOLIA ORLANDO, FL 32806

40731 788-21

Date Released Entity Name

01/02/2004 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/04/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

02/26/2004 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

04/05/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/12/2004 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

06/11/2004 GENEX SERVICES DBA CHOICE

1408 N WEST SHORE BLVD STE 700

TAMPA, FL 33607 (888) 823-5377



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 12 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

08/26/2004 HEALTHEASE OF FLORIDA INC.

8735 HENDERSON ROAD

REN 2

TAMPA, FL 33634 (813) 206-3839

Date Released Entity Name

11/15/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

12/20/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/11/2005 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

04/12/2005 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

05/05/2005 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

11/07/2005 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060



DCN: 5500000002302256 Process Date: 04/15/1996

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

12/15/2005 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/28/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

05/04/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

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

Date Released Entity Name

01/04/2007 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

02/07/2007 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

02/26/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 14 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

03/06/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/05/2007 NOVAMED, INC.

100 MANSELL COURT EAST

SUITE 650

ROSWELL, GA 30076

(770) 882-2829

Date Released Entity Name

10/25/2007 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

11/15/2007 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007

PHOENIX, AZ (480) 551-2700

Date Released Entity Name

02/22/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

03/04/2008 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

04/23/2008 DIVISION OF MEDICAL QUALITY ASSURANCE

BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY BIN C-01

TALLAHASSEE, FL 32399

(850) 245-4120



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 15 of 21

MORRIS, VERNON RAYMOND JR.

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



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 16 of 21

MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
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12/30/2009 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

01/05/2010 MAIN LINE HEALTH HOSPITALS

130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033

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

Date Released Entity Name

07/13/2010 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

10/18/2010 MAIN LINE HEALTH HOSPITALS

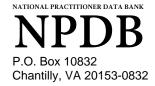
130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033

Date Released Entity Name

11/05/2010 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 17 of 21

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

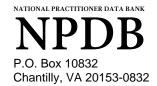
(850) 245-4120

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



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 18 of 21

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

07/11/2012 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

11/29/2013 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 19 of 21

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

Date Released Entity Name

05/20/2015 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 5500000002302256 Process Date: 04/15/1996

Page: 20 of 21

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

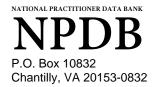
(800) 809-5687

Date Released Entity Name

01/29/2018 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607

(813) 392-7618



Date Released

09/06/2019

DCN: 5500000002302256 Process Date: 04/15/1996

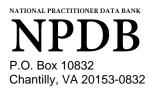
Page: 21 of 21

MORRIS, VERNON RAYMOND JR.

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

Entity Name

SELF-QUERIER



DCN: 1019950930140000 Process Date: 04/07/1995

Basis for Initial Action

Page: 1 of 3 MORRIS, VERNON R

MORRIS, VERNON R

ST PAUL INS CO - PHILADELPHIA

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 03/16/1995

- 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:

Initial Action

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

 $\label{thm:pottstown} \mbox{Hospital Affiliation(s): } \mbox{Pottstown Hospital}$

POTTSTOWN, PA

COMMUNITY GENERAL HOSPITAL

READING, PA

C. INFORMATION REPORTED

Date of Report: 04/07/1995

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

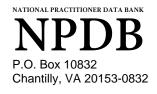
Date of Act/Omission: 06/10/1988

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



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

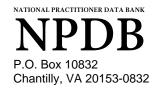
HAD TO HAVE REPAIR OF DURA PERFORMED.

Reporter's Desc	cription 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	This report has been disputed by At the request of the subject ider U.S. Department of Health and Health and Freporting requirements. No decis At the request of the subject ider Department of Health and Huma the Secretary reconsider the orig At the request of the subject ider	tified in Section B, this report was reviewed by the Secretary of the U.S. n Services and a decision was reached. The subject has requested that
	Date of Original Submission:	04/07/1995
	Date of Most Recent Change:	04/07/1995
F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK		vided by the reporting entity identified in Section A of this report. The a Bank from other sources and is intended to supplement the information

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.

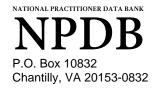
National Provider Identifiers (NPI): 1669424438



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 3 of 3 MORRIS, VERNON R

END OF REPORT —



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 1 of 22 MORRIS, VERNON R

DISCLOSURE HISTORY

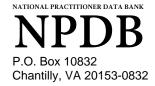
Report Number: 1019950930140000

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	Entity Name
04/27/1995	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
Date Released	Entity Name
05/23/1995	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
Date Released	Entity Name
08/01/1995	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
Date Released	Entity Name
11/16/1995	HMO PA/NJ BUILDING ONE 980 JOLLY ROAD BLUE BELL, PA 19422 21577 548-00
Date Released	Entity Name
12/05/1995	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 2 of 22 MORRIS, VERNON R

Date Released Entity Name

04/17/1996 COMMUNITY GENERAL HOSPITAL

145 NORTH SIXTH STREET READING, PA 19601

21537 621-00

Date Released Entity Name

06/12/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

07/09/1996 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

08/12/1996 PRUDENTIAL HEALTHCARE PLAN INC

220 GIBRALTAR ROAD, SUITE 200

HORSHAM, PA 19044

21544 228-40

Date Released Entity Name

08/14/1996 INTRACORP

1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192

000-0000

Date Released Entity Name

08/29/1996 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113

21552 160-00



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 3 of 22 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

Date Released Entity Name

10/15/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

11/09/1996 PENNSYLVANIA PHYSICIANS CARE

651 E. PARK DR

HARRISBURG, PA 17111

(717) 561-7890

Date Released Entity Name

03/18/1997 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

05/14/1997 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/28/1997 OXFORD HEALTH PLANS

601 WALNUT ST.- 9TH FLR

PHILLY, PA 19106

21573 320-01

Date Released Entity Name

05/29/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 4 of 22 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

Date Released Entity Name

06/16/1997 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

08/08/1997 AETNA NORTH CENTRAL REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

12/22/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

07/23/1998 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

08/13/1998 CGLIC

1000 CORPORATE CENTRE DR. #500

FRANKLIN, TN 37067

61559 533-24

Date Released Entity Name

09/14/1998 PRUDENTIAL INSURANCE CO NGO

400 RELLA BLVD, SUITE 300

SUFFERN, NY 10901

91436 891-94



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 5 of 22 MORRIS, VERNON R

Date Released Entity Name

12/23/1998 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/17/1999 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

03/18/1999 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

03/22/1999 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

04/23/1999 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

05/18/1999 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

06/02/1999 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 6 of 22 MORRIS, VERNON R

Date Released Entity Name

10/25/1999 PHOENIXVILLE HOSPITAL

140 NUTT RD

PHOENIXVILLE, PA 19460

(610) 983-1481

Date Released Entity Name

07/20/2000 EXETER SURGERY CENTER

5001 PERKIOMEN AVE. READING, PA 19606

(610) 370-5530

Date Released Entity Name

10/19/2000 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

10/26/2000 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

12/05/2000 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

03/07/2001 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

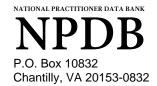
(267) 981-6519

Date Released Entity Name

03/16/2001 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 7 of 22 MORRIS, VERNON R

Date Released Entity Name

04/05/2001 AETNA SOUTHEAST REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/13/2001 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/26/2001 SELF-QUERIER

Date Released Entity Name

04/30/2001 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/18/2001 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

07/02/2001 LOGAN MEMORIAL HOSPITAL

1625 NASHVILLE ST

RUSSELLVILLE, KY 42276

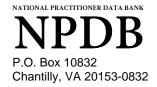
(270) 726-4011

Date Released Entity Name

07/13/2001 LAKE CITY MEDICAL CENTER

340 NW COMMERCE DR LAKE CITY, FL 32055

(386) 719-9018



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 8 of 22 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

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

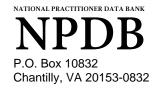
Date Released Entity Name

12/12/2001 CROSSROADS COMMUNITY HOSPITAL

8 DOCTORS PARK RD

MOUNT VERNON, IL 62864

(618) 241-8544



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 9 of 22 MORRIS, VERNON R

Date Released	Entity Name
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02/07/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

05/20/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

06/13/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

06/14/2002 HIGHMARK INC.

1800 CENTER ST CAMP HILL, PA 17011

(717) 888-2049

Date Released Entity Name

08/02/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

08/08/2002 FAIRFIELD MEMORIAL HOSPITAL

303 NW 11TH ST FAIRFIELD, IL 62837

(618) 847-8362

Date Released Entity Name

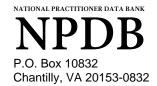
09/09/2002 MARSHALL BROWNING HOSPITAL

PO BOX 192

900 N WASHINGTON STREET P O BOX 192

DU QUOIN, IL 62832

(618) 542-2146



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 10 of 22 MORRIS, VERNON R

Date Released Entity Name

09/10/2002 OAK HILL ADMINISTRATION

11375 CORTEZ BLVD BROOKSVILLE, FL 34613

(352) 597-6079

Date Released Entity Name

09/19/2002 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

01/09/2003 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/16/2003 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

05/06/2003 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

10/29/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

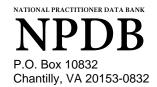
11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 11 of 22 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

Date Released Entity Name

11/05/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/07/2003 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

11/11/2003 COMMUNITY HEALTH SOLUTIONS OF AMERICA

13600 ICOT BLVD BLDG A CLEARWATER, FL 33760

(727) 565-0616

Date Released Entity Name

12/19/2003 UNITEDHEALTHCARE OF FLORIDA

800 NORTH MAGNOLIA ORLANDO, FL 32806

40731 788-21

Date Released Entity Name

01/02/2004 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

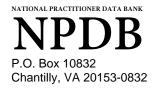
(423) 553-6512

Date Released Entity Name

02/04/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 12 of 22 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

Date Released Entity Name

04/05/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/12/2004 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

06/11/2004 GENEX SERVICES DBA CHOICE

1408 N WEST SHORE BLVD STE 700

TAMPA, FL 33607 (888) 823-5377

Date Released Entity Name

08/26/2004 HEALTHEASE OF FLORIDA INC.

8735 HENDERSON ROAD

REN 2

TAMPA, FL 33634 (813) 206-3839

Date Released Entity Name

11/15/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

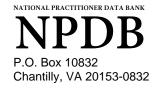
(863) 382-7500

Date Released Entity Name

12/20/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 13 of 22 MORRIS, VERNON R

Date Released Entity Name

03/11/2005 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

04/12/2005 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

05/05/2005 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

11/07/2005 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

12/15/2005 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/28/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

05/04/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 14 of 22 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

Date Released Entity Name

01/04/2007 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

02/07/2007 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

02/26/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/06/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

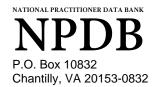
04/05/2007 NOVAMED, INC.

100 MANSELL COURT EAST

SUITE 650

ROSWELL, GA 30076

(770) 882-2829



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 15 of 22 MORRIS, VERNON R

Date Released Entity Name

10/25/2007 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

11/15/2007 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

02/22/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

03/04/2008 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

04/23/2008 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

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



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 16 of 22 MORRIS, VERNON R

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

Date Released Entity Name

12/30/2009 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

01/05/2010 MAIN LINE HEALTH HOSPITALS

130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 17 of 22 MORRIS, VERNON R

03/31/2010 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

07/13/2010 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

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

Date Released Entity Name

11/05/2010 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 18 of 22 MORRIS, VERNON R

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

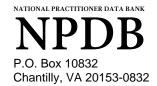
Date Released Entity Name

07/11/2012 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 19 of 22 MORRIS, VERNON R

Date Released Entity Name

11/29/2013 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803

Date Released Entity Name

04/14/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 20 of 22 MORRIS, VERNON R

Date Released Entity Name

05/20/2015 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

09/23/2016 ADVANCED AMBULATORY SURGERY CENTER

652 PALM SPRINGS DR

ALTAMONTE SPRINGS, FL 32701

(407) 947-3081



DCN: 1019950930140000 Process Date: 04/07/1995

Page: 21 of 22 MORRIS, VERNON R

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

(810) 882 7818

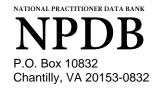
Date Released Entity Name

05/01/2018 CLERMONT AMBULATORY SUGICAL CENTER LLLP

255 CITRUS TOWER BLVD STE 100

CLERMONT, FL 34711

(352) 536-6340



Date Released

09/06/2019

DCN: 1019950930140000 Process Date: 04/07/1995

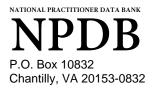
Page: 22 of 22 MORRIS, VERNON R

Date Released	Entity Name	
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902	
Date Released	Entity Name	
02/20/2019	DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL 33418 (561) 427-4872	
Date Released	Entity Name	
08/15/2019	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309	

(954) 748-2800

SELF-QUERIER

Entity Name



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 1 of 3 MORRIS, VERNON R JR

MORRIS, VERNON R JR

MCARE FUND

MEDICAL MALPRACTICE PAYMENT REPORT

Basis for Initial Action

Date of Action: 12/30/1994

Initial Action

- SURGERY: FAILURE TO OBTAIN CONSENT/LACK OF

INFORMED CONSENT

A. REPORTING ENTITY

- SETTLEMENT

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

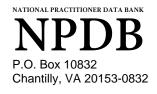
Act/Omission Code: SURGERY: FAILURE TO OBTAIN CONSENT/LACK OF INFORMED

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



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 2 of 3 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 FIND DATE \$350 000 (INCLIDING

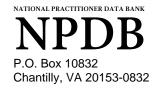
		ANNUITY) FOR THIS PHYSICIAN.
D. SUBJECT STATEMENT	If the subject identified in Section B	of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	This report has been disputed	subject of this report identified in Section B has not contested this report. by the subject identified in Section B.
	U.S. Department of Health and reporting requirements. No de	
		entified in Section B, this report was reviewed by the Secretary of the U.S. nan Services and a decision was reached. The subject has requested that riginal decision.
		entified in Section B, this report was reviewed by artment of Health and Human Services. The Secretary's decision
	Date of Original Submission:	02/06/1995
	Date of Most Recent Change:	02/06/1995
F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA	•	provided by the reporting entity identified in Section A of this report. The ata Bank from other sources and is intended to supplement the information

BANK

National Provider Identifiers (NPI): 1669424438

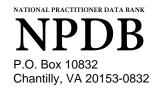
This report is maintained under the provisions of: Title IV

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.



DCN: 1019950320349000 Process Date: 02/06/1995

END OF REPORT —



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 1 of 22 MORRIS, VERNON R JR

DISCLOSURE HISTORY

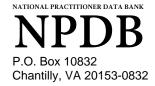
Report Number: 1019950320349000

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	Entity Name
04/27/1995	ST. JOSEPH MEDICAL CENTER 2500 BERNVILLE RD READING, PA 19605 (610) 378-2515
Date Released	Entity Name
05/23/1995	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
Date Released	Entity Name
08/01/1995	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
Date Released	Entity Name
11/16/1995	HMO PA/NJ BUILDING ONE 980 JOLLY ROAD BLUE BELL, PA 19422 21577 548-00
Date Released	Entity Name
12/05/1995	PRUDENTIAL HEALTHCARE PLAN INC 220 GIBRALTAR ROAD, SUITE 200 HORSHAM, PA 19044 21544 228-40



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 2 of 22 MORRIS, VERNON R JR

04/17/1996 COMMUNITY GENERAL HOSPITAL

145 NORTH SIXTH STREET READING, PA 19601

21537 621-00

Date Released Entity Name

06/12/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

07/09/1996 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

08/12/1996 PRUDENTIAL HEALTHCARE PLAN INC

220 GIBRALTAR ROAD, SUITE 200

HORSHAM, PA 19044

21544 228-40

Date Released Entity Name

08/14/1996 INTRACORP

1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192

000-0000

Date Released Entity Name

08/29/1996 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

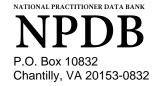
(267) 675-1480

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113

21552 160-00



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 3 of 22 MORRIS, VERNON R JR

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

Date Released Entity Name

10/15/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

11/09/1996 PENNSYLVANIA PHYSICIANS CARE

651 E. PARK DR

HARRISBURG, PA 17111

(717) 561-7890

Date Released Entity Name

03/18/1997 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

05/14/1997 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/28/1997 OXFORD HEALTH PLANS

601 WALNUT ST.- 9TH FLR

PHILLY, PA 19106

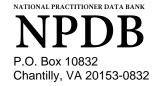
21573 320-01

Date Released Entity Name

05/29/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 4 of 22 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

Date Released Entity Name

06/16/1997 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

08/08/1997 AETNA NORTH CENTRAL REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

12/22/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

07/23/1998 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

08/13/1998 CGLIC

1000 CORPORATE CENTRE DR. #500

FRANKLIN, TN 37067

61559 533-24

Date Released Entity Name

09/14/1998 PRUDENTIAL INSURANCE CO NGO

400 RELLA BLVD, SUITE 300

SUFFERN, NY 10901

91436 891-94



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 5 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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12/23/1998 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/17/1999 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

03/18/1999 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

03/22/1999 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

04/23/1999 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

05/18/1999 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

06/02/1999 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 6 of 22 MORRIS, VERNON R JR

Date Released Entity Name

10/25/1999 PHOENIXVILLE HOSPITAL

140 NUTT RD

PHOENIXVILLE, PA 19460

(610) 983-1481

Date Released Entity Name

07/20/2000 EXETER SURGERY CENTER

5001 PERKIOMEN AVE. READING, PA 19606

(610) 370-5530

Date Released Entity Name

10/19/2000 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

10/26/2000 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

12/05/2000 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

03/07/2001 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/16/2001 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 7 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
---------------	-------------

04/05/2001 AETNA SOUTHEAST REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/13/2001 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/26/2001 SELF-QUERIER

Date Released Entity Name

04/30/2001 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/18/2001 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

07/02/2001 LOGAN MEMORIAL HOSPITAL

1625 NASHVILLE ST

RUSSELLVILLE, KY 42276

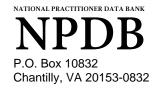
(270) 726-4011

Date Released Entity Name

07/13/2001 LAKE CITY MEDICAL CENTER

340 NW COMMERCE DR LAKE CITY, FL 32055

(386) 719-9018



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 8 of 22 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

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

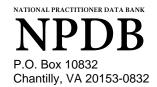
Date Released Entity Name

12/12/2001 CROSSROADS COMMUNITY HOSPITAL

8 DOCTORS PARK RD

MOUNT VERNON, IL 62864

(618) 241-8544



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 9 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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02/07/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

05/20/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

06/13/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

06/14/2002 HIGHMARK INC.

1800 CENTER ST CAMP HILL, PA 17011

(717) 888-2049

Date Released Entity Name

08/02/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

08/08/2002 FAIRFIELD MEMORIAL HOSPITAL

303 NW 11TH ST FAIRFIELD, IL 62837

(618) 847-8362

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



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 10 of 22 MORRIS, VERNON R JR

Date Released Entity Name

09/10/2002 OAK HILL ADMINISTRATION

11375 CORTEZ BLVD BROOKSVILLE, FL 34613

(352) 597-6079

Date Released Entity Name

09/19/2002 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

01/09/2003 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/16/2003 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

05/06/2003 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

10/29/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 11 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/05/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/07/2003 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

11/11/2003 COMMUNITY HEALTH SOLUTIONS OF AMERICA

13600 ICOT BLVD BLDG A CLEARWATER, FL 33760

(727) 565-0616

Date Released Entity Name

12/19/2003 UNITEDHEALTHCARE OF FLORIDA

800 NORTH MAGNOLIA ORLANDO, FL 32806

40731 788-21

Date Released Entity Name

01/02/2004 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/04/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 12 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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02/26/2004 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

04/05/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/12/2004 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

06/11/2004 GENEX SERVICES DBA CHOICE

1408 N WEST SHORE BLVD STE 700

TAMPA, FL 33607 (888) 823-5377

Date Released Entity Name

08/26/2004 HEALTHEASE OF FLORIDA INC.

8735 HENDERSON ROAD

REN 2

TAMPA, FL 33634 (813) 206-3839

Date Released Entity Name

11/15/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

12/20/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 13 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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03/11/2005 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

04/12/2005 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

05/05/2005 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

11/07/2005 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

12/15/2005 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/28/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

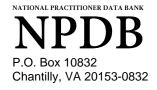
(863) 314-5848

Date Released Entity Name

05/04/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 14 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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06/26/2006 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

01/04/2007 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

02/07/2007 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

02/26/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/06/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

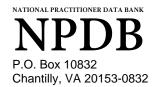
04/05/2007 NOVAMED, INC.

100 MANSELL COURT EAST

SUITE 650

ROSWELL, GA 30076

(770) 882-2829



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 15 of 22 MORRIS, VERNON R JR

Date Released Entity Name

10/25/2007 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

11/15/2007 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

02/22/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

03/04/2008 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

04/23/2008 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

07/02/2008 SELF-QUERIER

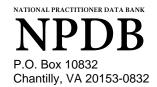
Date Released Entity Name

07/25/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 16 of 22 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

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

Date Released Entity Name

12/30/2009 LASER SPINE INSTITUTE, LLC

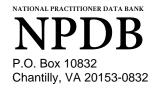
5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

01/05/2010 MAIN LINE HEALTH HOSPITALS

130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 17 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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03/31/2010 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

07/13/2010 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

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

Date Released Entity Name

11/05/2010 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 18 of 22 MORRIS, VERNON R JR

Date Released	Entity Name
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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

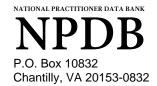
Date Released Entity Name

07/11/2012 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 19 of 22 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

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

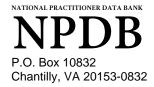
500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803

Date Released Entity Name

04/14/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 20 of 22 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

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

09/23/2016 ADVANCED AMBULATORY SURGERY CENTER

652 PALM SPRINGS DR

ALTAMONTE SPRINGS, FL 32701

(407) 947-3081



DCN: 1019950320349000 Process Date: 02/06/1995

Page: 21 of 22 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

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

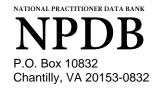
Date Released Entity Name

05/01/2018 CLERMONT AMBULATORY SUGICAL CENTER LLLP

255 CITRUS TOWER BLVD STE 100

CLERMONT, FL 34711

(352) 536-6340



Date Released

Date Released

09/06/2019

DCN: 1019950320349000 Process Date: 02/06/1995

Page: 22 of 22 MORRIS, VERNON R JR

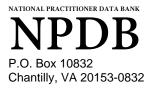
01/17/2019	GENEX SERVICES, LLC 440 E SWEDESFORD RD STE 1000 WAYNE, PA 19087 (215) 298-4902	
Date Released	Entity Name	
02/20/2019	DANE STREET, LLC 7121 FAIRWAY DR STE 105 PALM BEACH GARDENS, FL 33418 (561) 427-4872	
Date Released	Entity Name	
08/15/2019	ALL CARE CONSULTANTS 3333 W COMMERCIAL BLVD STE 101 FORT LAUDERDALE, FL 33309	

(954) 748-2800

SELF-QUERIER

Entity Name

Entity Name



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 1 **of** 3

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 MEDICIE (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)

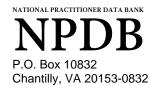
Date of Act/Omission: 12/23/1985

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



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 2 of 3

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

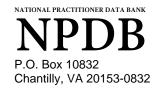
\$350,000.00

D. SUBJECT STATEMENT	If the subject identified in Section B of	of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	This report has been disputed by the subject idea U.S. Department of Health and reporting requirements. No decomposition of the subject idea Department of Health and Humber the Secretary reconsider the original of the subject idea.	entified in Section B, this report was reviewed by the Secretary of the U.S. an Services and a decision was reached. The subject has requested that

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



DCN: 1019941150340000 Process Date: 05/04/1994

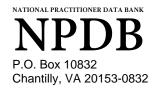
Page: 3 of 3

MORRIS, VERNON RAYMOND JR.

This	report	is m	aintaine	d under	the	provisions	of · Titl	e IV
11113	ICDUIL	13 111	annanic	u unu c i	LIIC	DIUVISIONS	OI. III	\sim 1 $^{\circ}$

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 ————————————————————————————————————
END OF REPORT



DCN: 1019941150340000 Process Date: 05/04/1994

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MORRIS, VERNON RAYMOND JR.

DISCLOSURE HISTORY

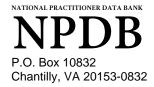
Report Number: 1019941150340000

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	Entity Name
06/17/1994	AETNA HEALTH PLAN 955 CHESTERBROOK BOULEVARD, SUITE 200 WAYNE, PA 19087 21529 393-38
Date Released	Entity Name
06/22/1994	AETNA HEALTH PLAN 955 CHESTERBROOK BOULEVARD, SUITE 200 WAYNE, PA 19087 21529 393-38
Date Released	Entity Name
06/29/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
Date Released	Entity Name
07/05/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480
Date Released	Entity Name
07/05/1994	INDEPENDENCE BLUE CROSS 1901 MARKET ST STE 3 PHILADELPHIA, PA 19103 (267) 675-1480



DCN: 1019941150340000 Process Date: 05/04/1994

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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

Date Released Entity Name

07/21/1994 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

11/16/1994 OAKTREE HEALTH PLAN

1818 MARKET STREET

19TH FLOOR

PHILADELPHIA, PA 19103

21581 447-05

Date Released Entity Name

12/20/1994 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

04/27/1995 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

05/23/1995 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

08/01/1995 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 3 of 23

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

Date Released Entity Name

12/05/1995 PRUDENTIAL HEALTHCARE PLAN INC

220 GIBRALTAR ROAD, SUITE 200

HORSHAM, PA 19044

21544 228-40

Date Released Entity Name

04/17/1996 COMMUNITY GENERAL HOSPITAL

145 NORTH SIXTH STREET READING, PA 19601

21537 621-00

Date Released Entity Name

06/12/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

07/09/1996 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

08/12/1996 PRUDENTIAL HEALTHCARE PLAN INC

220 GIBRALTAR ROAD, SUITE 200

HORSHAM, PA 19044

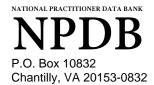
21544 228-40

Date Released Entity Name

08/14/1996 INTRACORP

1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192

000-0000



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 4 of 23

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

08/29/1996 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113

21552 160-00

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

Date Released Entity Name

10/15/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

11/09/1996 PENNSYLVANIA PHYSICIANS CARE

651 E. PARK DR

HARRISBURG, PA 17111

(717) 561-7890

Date Released Entity Name

03/18/1997 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

05/14/1997 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469



DCN: 1019941150340000 Process Date: 05/04/1994

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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

Date Released Entity Name

05/29/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

06/05/1997 GRANDVIEW SURGERY AND LASER

205 GRANDVIEW AVE STE 101

CAMP HILL, PA 17011

(717) 731-5444

Date Released Entity Name

06/16/1997 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

08/08/1997 AETNA NORTH CENTRAL REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

12/22/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

07/23/1998 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03



DCN: 1019941150340000 Process Date: 05/04/1994

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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

Date Released Entity Name

09/14/1998 PRUDENTIAL INSURANCE CO NGO

400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901

91436 891-94

Date Released Entity Name

12/23/1998 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/17/1999 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

03/18/1999 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

03/22/1999 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

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.

05/18/1999 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

06/02/1999 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

10/25/1999 PHOENIXVILLE HOSPITAL

140 NUTT RD

PHOENIXVILLE, PA 19460

(610) 983-1481

Date Released Entity Name

07/20/2000 EXETER SURGERY CENTER

5001 PERKIOMEN AVE. READING, PA 19606

(610) 370-5530

Date Released Entity Name

10/19/2000 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

10/26/2000 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

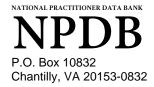
(267) 675-1480

Date Released Entity Name

12/05/2000 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17



DCN: 1019941150340000 Process Date: 05/04/1994

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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

Date Released Entity Name

03/16/2001 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

04/05/2001 AETNA SOUTHEAST REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/13/2001 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/26/2001 SELF-QUERIER

Date Released Entity Name

04/30/2001 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

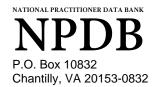
(610) 327-7469

Date Released Entity Name

05/18/2001 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515



DCN: 1019941150340000 Process Date: 05/04/1994

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

07/02/2001 LOGAN MEMORIAL HOSPITAL

1625 NASHVILLE ST

RUSSELLVILLE, KY 42276

(270) 726-4011

Date Released Entity Name

07/13/2001 LAKE CITY MEDICAL CENTER

340 NW COMMERCE DR LAKE CITY, FL 32055

(386) 719-9018

Date Released Entity Name

08/02/2001 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

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

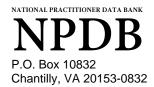
(484) 628-8249

Date Released Entity Name

11/06/2001 ST. JOSEPH'S HOSPITAL

9515 HOLY CROSS LN BREESE, IL 62230

(618) 526-5452



DCN: 1019941150340000 Process Date: 05/04/1994

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MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
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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

Date Released Entity Name

05/20/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

06/13/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

06/14/2002 HIGHMARK INC.

1800 CENTER ST

CAMP HILL, PA 17011

(717) 888-2049

Date Released Entity Name

08/02/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200



DCN: 1019941150340000 Process Date: 05/04/1994

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

08/08/2002 FAIRFIELD MEMORIAL HOSPITAL

303 NW 11TH ST

FAIRFIELD, IL 62837

(618) 847-8362

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

Date Released Entity Name

09/10/2002 OAK HILL ADMINISTRATION

11375 CORTEZ BLVD

BROOKSVILLE, FL 34613

(352) 597-6079

Date Released Entity Name

09/19/2002 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

01/09/2003 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/16/2003 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

05/06/2003 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996



Data Palagond

DCN: 1019941150340000 Process Date: 05/04/1994

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MORRIS, VERNON RAYMOND JR.

Date Released	Littly Name
40/00/0000	

10/29/2003 FOCUS HEALTH CARE 720 COOL SPRINGS BLVD

SUITE 300

Entity Name

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/05/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/07/2003 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

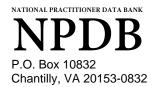
(863) 665-6060

Date Released Entity Name

11/11/2003 COMMUNITY HEALTH SOLUTIONS OF AMERICA

13600 ICOT BLVD BLDG A CLEARWATER, FL 33760

(727) 565-0616



DCN: 1019941150340000 Process Date: 05/04/1994

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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

Date Released Entity Name

01/02/2004 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/04/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

02/26/2004 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

04/05/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/12/2004 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

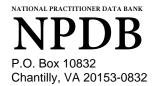
(863) 314-5848

Date Released Entity Name

06/11/2004 GENEX SERVICES DBA CHOICE

1408 N WEST SHORE BLVD STE 700

TAMPA, FL 33607 (888) 823-5377



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 14 of 23

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

08/26/2004 HEALTHEASE OF FLORIDA INC.

8735 HENDERSON ROAD

REN 2

TAMPA, FL 33634 (813) 206-3839

Date Released Entity Name

11/15/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

12/20/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/11/2005 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

04/12/2005 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

05/05/2005 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

11/07/2005 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060



DCN: 1019941150340000 Process Date: 05/04/1994

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

12/15/2005 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/28/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

05/04/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

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

Date Released Entity Name

01/04/2007 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632

Date Released Entity Name

02/07/2007 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

02/26/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 1019941150340000 Process Date: 05/04/1994

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MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

03/06/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/05/2007 NOVAMED, INC.

100 MANSELL COURT EAST

SUITE 650

ROSWELL, GA 30076

(770) 882-2829

Date Released Entity Name

10/25/2007 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

11/15/2007 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000 PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

02/22/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

03/04/2008 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

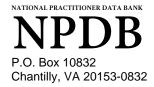
04/23/2008 DIVISION OF MEDICAL QUALITY ASSURANCE

BUREAU OF OPERATIONS

4052 BALD CYPRESS WAY BIN C-01

TALLAHASSEE, FL 32399

(850) 245-4120



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 17 of 23

MORRIS, VERNON RAYMOND JR.

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



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 18 of 23

MORRIS, VERNON RAYMOND JR.

Date Released Entity Name

12/30/2009 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

01/05/2010 MAIN LINE HEALTH HOSPITALS

130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033

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

Date Released Entity Name

07/13/2010 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

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

Date Released Entity Name

11/05/2010 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 19 of 23

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

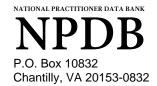
(850) 245-4120

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



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 20 of 23

MORRIS, VERNON RAYMOND JR.

Date Released	Entity Name
---------------	-------------

07/11/2012 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

11/29/2013 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702

Date Released Entity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

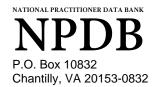
Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 21 of 23

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

Date Released Entity Name

05/20/2015 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 1019941150340000 Process Date: 05/04/1994

Page: 22 of 23

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

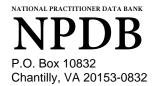
(800) 809-5687

Date Released Entity Name

01/29/2018 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607

(813) 392-7618



09/06/2019

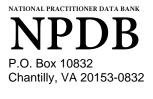
DCN: 1019941150340000 Process Date: 05/04/1994

Page: 23 of 23

MORRIS, VERNON RAYMOND JR.

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

SELF-QUERIER



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 1 of 3

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

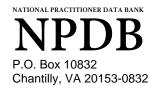
Social Security Numbers (SSN): ***-**-8611

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

Drug Enforcement Administration (DEA) Numbers: AM1585530

Hospital Affiliation(s): POTTSTOWN MEMORIAL MED. CENTER

POTTSTOWN, PA



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.

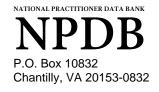
At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

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



DCN: 1019910500234000 Process Date: 03/24/1991

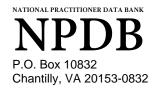
Page: 3 of 3

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 _____



DCN: 1019910500234000 Process Date: 03/24/1991

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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	Entity Name
06/18/1991	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
Date Released	Entity Name
09/16/1991	COMMUNITY GENERAL HOSPITAL 145 NORTH SIXTH STREET READING, PA 19601 21537 621-00
Date Released	Entity Name
10/16/1992	FREEDOM HEALTH CARE INC 150 STRAFFORD AVENUE WAYNE, PA 19087 21529 393-38
Date Released	Entity Name
06/01/1993	POTTSTOWN HOSPITAL 1600 E HIGH ST POTTSTOWN, PA 19464 (610) 327-7469
Date Released	Entity Name
10/26/1993	COMMUNITY GENERAL HOSPITAL 145 NORTH SIXTH STREET READING, PA 19601 21537 621-00



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

10/28/1993 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

Date Released Entity Name

10/29/1993 HMO PA/NJ

BUILDING ONE 980 JOLLY ROAD

BLUE BELL, PA 19422

21577 548-00

Date Released Entity Name

11/01/1993 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

12/22/1993 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

06/17/1994 AETNA HEALTH PLAN

955 CHESTERBROOK BOULEVARD, SUITE 200

WAYNE, PA 19087

21529 393-38

Date Released Entity Name

06/22/1994 AETNA HEALTH PLAN

955 CHESTERBROOK BOULEVARD, SUITE 200

WAYNE, PA 19087

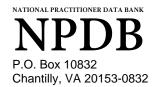
21529 393-38

Date Released Entity Name

06/29/1994 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 3 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

07/05/1994 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

07/05/1994 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

07/07/1994 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

07/21/1994 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

11/16/1994 OAKTREE HEALTH PLAN

1818 MARKET STREET

19TH FLOOR

PHILADELPHIA, PA 19103

21581 447-05

Date Released Entity Name

12/20/1994 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

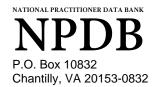
(267) 675-1480

Date Released Entity Name

04/27/1995 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 4 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

05/23/1995 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

08/01/1995 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

11/16/1995 HMO PA/NJ

BUILDING ONE 980 JOLLY ROAD

BLUE BELL, PA 19422

21577 548-00

Date Released Entity Name

12/05/1995 PRUDENTIAL HEALTHCARE PLAN INC

220 GIBRALTAR ROAD, SUITE 200

HORSHAM, PA 19044

21544 228-40

Date Released Entity Name

04/17/1996 COMMUNITY GENERAL HOSPITAL

145 NORTH SIXTH STREET READING, PA 19601

21537 621-00

Date Released Entity Name

06/12/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

07/09/1996 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 5 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

08/12/1996 PRUDENTIAL HEALTHCARE PLAN INC

220 GIBRALTAR ROAD, SUITE 200

HORSHAM, PA 19044

21544 228-40

Date Released Entity Name

08/14/1996 INTRACORP

1601 CHESTNUT, TPL-10 PHILADELPHIA, PA 19192

000-0000

Date Released Entity Name

08/29/1996 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

Date Released Entity Name

10/11/1996 MERCY HEALTH PLAN

AIRPORT BUSINESS CTR 200 STEVENS DRIVE PHILA, PA 19113 21552 160-00

Date Released Entity Name

10/15/1996 CAPITAL BLUECROSS

2500 ELMERTON AVE HARRISBURG, PA 17177

(717) 703-8392

Date Released Entity Name

11/09/1996 PENNSYLVANIA PHYSICIANS CARE

651 E. PARK DR

HARRISBURG, PA 17111

(717) 561-7890



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 6 **of** 25

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

Date Released Entity Name

05/14/1997 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/28/1997 OXFORD HEALTH PLANS

601 WALNUT ST.- 9TH FLR PHILLY, PA 19106

21573 320-01

Date Released Entity Name

05/29/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

06/05/1997 GRANDVIEW SURGERY AND LASER

205 GRANDVIEW AVE STE 101

CAMP HILL, PA 17011

(717) 731-5444

Date Released Entity Name

06/16/1997 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

08/08/1997 AETNA NORTH CENTRAL REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 7 **of** 25

MORRIS, VERNON RAYMOND MD

Date Released	Entity Name
---------------	-------------

12/22/1997 HEALTH PARTNERS PLANS

901 MARKET ST STE 500 PHILADELPHIA, PA 19107

(267) 385-3829

Date Released Entity Name

07/23/1998 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

08/13/1998 CGLIC

1000 CORPORATE CENTRE DR. #500

FRANKLIN, TN 37067

61559 533-24

Date Released Entity Name

09/14/1998 PRUDENTIAL INSURANCE CO NGO

400 RELLA BLVD, SUITE 300 SUFFERN, NY 10901

91436 891-94

Date Released Entity Name

12/23/1998 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/17/1999 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

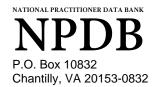
(610) 327-7469

Date Released Entity Name

03/18/1999 INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 8 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

03/22/1999 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

04/23/1999 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249

Date Released Entity Name

05/18/1999 QUALMED PLANS FOR HEALTH

1835 MARKET STREET, 11 PENN CENTER, 8TH

PHILADELPHIA, PA 19103

21520 967-03

Date Released Entity Name

06/02/1999 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

10/25/1999 PHOENIXVILLE HOSPITAL

140 NUTT RD

PHOENIXVILLE, PA 19460

(610) 983-1481

Date Released Entity Name

07/20/2000 EXETER SURGERY CENTER

5001 PERKIOMEN AVE. READING, PA 19606

(610) 370-5530

Date Released Entity Name

10/19/2000 READING HOSPITAL

PO BOX 16052

SIXTH AVENUE AND SPRUCE STREET

READING, PA 19612

(484) 628-8249



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

Date Released	Entity Name
10/26/2000	INDEPENDENCE BLUE CROSS

1901 MARKET ST STE 3 PHILADELPHIA, PA 19103

(267) 675-1480

Date Released Entity Name

12/05/2000 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

03/07/2001 TOWER HEALTH PPO

PO BOX 13579

READING, PA 19612

(267) 981-6519

Date Released Entity Name

03/16/2001 ELKINS PARK HOSPITAL

60 E. TOWNSHIP LINE RD. ELKINS PARK, PA 19027

21566 363-17

Date Released Entity Name

04/05/2001 AETNA SOUTHEAST REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/13/2001 AETNA MID-ATLANTIC REGION

1000 MIDDLE STREET, MC38 MIDDLETOWN, CT 06457

86063 642-17

Date Released Entity Name

04/26/2001 SELF-QUERIER



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

Date Released Entity Name

04/30/2001 POTTSTOWN HOSPITAL

1600 E HIGH ST

POTTSTOWN, PA 19464

(610) 327-7469

Date Released Entity Name

05/18/2001 ST. JOSEPH MEDICAL CENTER

2500 BERNVILLE RD READING, PA 19605

(610) 378-2515

Date Released Entity Name

07/02/2001 LOGAN MEMORIAL HOSPITAL

1625 NASHVILLE ST

RUSSELLVILLE, KY 42276

(270) 726-4011

Date Released Entity Name

07/13/2001 LAKE CITY MEDICAL CENTER

340 NW COMMERCE DR LAKE CITY, FL 32055

(386) 719-9018

Date Released Entity Name

08/02/2001 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

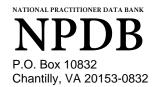
08/28/2001 SELF-QUERIER

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



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 11 of 25

MORRIS, VERNON RAYMOND MD

Entity Name
ı

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

Date Released Entity Name

05/20/2002 SALEM TOWNSHIP HOSPITAL

1201 RICKER RD SALEM, IL 62881 (618) 548-3194

Date Released Entity Name

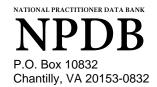
06/13/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 12 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

06/14/2002 HIGHMARK INC.

1800 CENTER ST

CAMP HILL, PA 17011

(717) 888-2049

Date Released Entity Name

08/02/2002 WASHINGTON COUNTY HOSPITAL

705 S GRAND ST

ADMINISTRATION/MEDICAL STAFF

NASHVILLE, IL 62263

(618) 327-2200

Date Released Entity Name

08/08/2002 FAIRFIELD MEMORIAL HOSPITAL

303 NW 11TH ST

FAIRFIELD, IL 62837

(618) 847-8362

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

Date Released Entity Name

09/10/2002 OAK HILL ADMINISTRATION

11375 CORTEZ BLVD

BROOKSVILLE, FL 34613

(352) 597-6079

Date Released Entity Name

09/19/2002 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

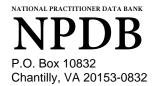
Date Released Entity Name

01/09/2003 ADVENTHEALTH

4200 SUN N LAKE BLVD

SEBRING, FL 33872

(863) 402-3133



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 13 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

04/16/2003 SSM HEALTH ST. MARY'S HOSPITAL

400 N PLEASANT AVE CENTRALIA, IL 62801

(618) 436-6204

Date Released Entity Name

05/06/2003 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

10/29/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released

Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/04/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293

Date Released Entity Name

11/05/2003 FOCUS HEALTH CARE

720 COOL SPRINGS BLVD

SUITE 300

FRANKLIN, TN 37067

(615) 778-4293



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

Date Released Entity Name

11/07/2003 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

11/11/2003 COMMUNITY HEALTH SOLUTIONS OF AMERICA

13600 ICOT BLVD BLDG A CLEARWATER, FL 33760

(727) 565-0616

Date Released Entity Name

12/19/2003 UNITEDHEALTHCARE OF FLORIDA

800 NORTH MAGNOLIA ORLANDO, FL 32806

40731 788-21

Date Released Entity Name

01/02/2004 BEECH STREET CORPORATION

6116 SHALLOWFORD RD STE 109B

CHATTANOOGA, TN 37421

(423) 553-6512

Date Released Entity Name

02/04/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

02/26/2004 BLUE CROSS BLUE SHIELD

4800 DEERWOOD CAMPUS PKWY BLDG 800

JACKSONVILLE, FL 32246

(904) 905-1996

Date Released Entity Name

04/05/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 15 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

04/12/2004 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

06/11/2004 GENEX SERVICES DBA CHOICE

1408 N WEST SHORE BLVD STE 700

TAMPA, FL 33607 (888) 823-5377

Date Released Entity Name

08/26/2004 HEALTHEASE OF FLORIDA INC.

8735 HENDERSON ROAD

REN 2

TAMPA, FL 33634 (813) 206-3839

Date Released Entity Name

11/15/2004 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

12/20/2004 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/11/2005 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

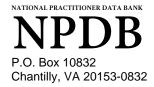
(863) 314-5848

Date Released Entity Name

04/12/2005 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

Date Released Entity Name

05/05/2005 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

11/07/2005 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

12/15/2005 SURGICAL CENTER OF CENTRAL FLORIDA

3601 S. HIGHLANDS AVE. SEBRING, FL 33870

(863) 382-7500

Date Released Entity Name

04/28/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

Date Released Entity Name

05/04/2006 HIGHLANDS REGIONAL MEDICAL CENTER

3600 S HIGHLANDS AVE SEBRING, FL 33870

(863) 314-5848

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

Date Released Entity Name

01/04/2007 FIRST HEALTH GROUP CORP.

6705 ROCKLEDGE DRIVE

SUITE 900

BETHESDA, MD 20817

(916) 374-4632



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 17 of 25

MORRIS, VERNON RAYMOND MD

02/07/2007 MEDICAL EVALUATION SPECIALISTS

150 PRESIDENTIAL WAY STE 110

WOBURN, MA 01801

1339 987-9106

Date Released Entity Name

02/26/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

03/06/2007 ADVENTHEALTH

4200 SUN N LAKE BLVD SEBRING, FL 33872

(863) 402-3133

Date Released Entity Name

04/05/2007 NOVAMED, INC.

100 MANSELL COURT EAST

SUITE 650

ROSWELL, GA 30076

(770) 882-2829

Date Released Entity Name

10/25/2007 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

11/15/2007 ARIZONA MEDICAL BOARD

1740 W ADAMS ST STE 4000

PHOENIX, AZ 85007

(480) 551-2700

Date Released Entity Name

02/22/2008 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

Date Released Entity Name

03/04/2008 HERITAGE SUMMIT HEALTHCARE OF FLORIDA, I

2025 CRYSTAL WOOD DR LAKELAND, FL 33801

(863) 665-6060

Date Released Entity Name

04/23/2008 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

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



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 19 of 25

MORRIS, VERNON RAYMOND MD

Date Released	Entity Name
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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

Date Released Entity Name

12/30/2009 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

01/05/2010 MAIN LINE HEALTH HOSPITALS

130 S BRYN MAWR AVE MEDICAL STAFF OFFICE BRYN MAWR, PA 19010

(484) 337-8033

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

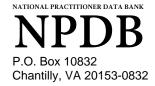
Date Released Entity Name

07/13/2010 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

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

Date Released Entity Name

11/05/2010 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

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



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

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

Date Released Entity Name

07/11/2012 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

11/29/2013 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

03/13/2014 PRIME HEALTH SERVICES, INC.

331 MALLORY STATION RD FRANKLIN, TN 37067

(615) 565-9011

Date Released Entity Name

03/28/2014 CORVEL CORPORATION

8701 PARK CENTRAL DR STE 300

RICHMOND, VA 23227

(804) 420-1702



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

ntity Name

06/23/2014 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

Date Released Entity Name

06/25/2014 PRIVATE HEALTH CARE SYSTEMS

1100 WINTER ST

WALTHAM, MA 02451

(781) 895-5847

Date Released Entity Name

07/08/2014 HUMANA GOVERNMENT BUSINESS

PO BOX 740062

500 W MAIN STREET #515-4 LOUISVILLE, KY 40201

(502) 318-0803

Date Released Entity Name

04/14/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

05/20/2015 MEDICAL BOARD OF CALIFORNIA

2005 EVERGREEN ST STE 1200 SACRAMENTO, CA 95815

(916) 263-2639

Date Released Entity Name

10/22/2015 WEATHERBY ASSOCIATES, INC.

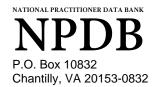
6451 N FEDERAL HWY STE 800 FT LAUDERDALE, FL 33308

(800) 586-5022

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618



DCN: 1019910500234000 Process Date: 03/24/1991

Page: 23 of 25

MORRIS, VERNON RAYMOND MD

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

12/21/2015 LASER SPINE INSTITUTE, LLC

5332 AVION PARK DR TAMPA, FL 33607 (813) 392-7618

Date Released Entity Name

07/07/2016 TAMPA GENERAL HOSPITAL

1 TAMPA GENERAL CIR

H-120

TAMPA, FL 33606 (813) 844-7229

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



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

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

Date Released Entity Name

05/01/2018 CLERMONT AMBULATORY SUGICAL CENTER LLLP

255 CITRUS TOWER BLVD STE 100

CLERMONT, FL 34711

(352) 536-6340

Date Released Entity Name

01/17/2019 GENEX SERVICES, LLC

440 E SWEDESFORD RD STE 1000

WAYNE, PA 19087 (215) 298-4902

Date Released Entity Name

02/20/2019 DANE STREET, LLC

7121 FAIRWAY DR STE 105

PALM BEACH GARDENS, FL 33418

(561) 427-4872

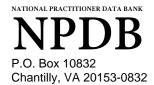
Date Released Entity Name

08/15/2019 ALL CARE CONSULTANTS

3333 W COMMERCIAL BLVD STE 101

FORT LAUDERDALE, FL 33309

(954) 748-2800



DCN: 1019910500234000 Process Date: 03/24/1991

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MORRIS, VERNON RAYMOND MD

Date Released	Entity Name		
09/06/2019	SELF-QUERIER	_	