

Licensee Details

Please see below for details for the licensee you selected.

Name: Lisa Ann Lowery-Smith		Designation: MD	
Lic #: 40951	Profession: Physician	Subtype: Full	
Status: Active	Issued: 10/5/1995	Expires: 7/31/2021	
Specialties			
Specialty/Subspecialty	Certifying Board	Primary Specialty?	
Neonatal-Perinatal Medicine		Y	
Disclaimer: Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.			

Practice Address

Street Address: 7821 Night Hawk Road CHATTANOOGA TN 37421
County: TN
Country: United States

Related Licenses

Relationship/Name	Dates	License Details
-------------------	-------	-----------------

Public Documents

No public documents to display

Physician Profile

Disclaimer: This information has been provided by the physician and has not been verified by the Board. The Patient Right to Know Act requires physicians licensed to practice in the State of Georgia to provide certain information to the Board that is to be made available to the public. The Board relies upon information provided by the physicians to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of physician profiles.

For sections where there is no data, the Physician has not provided any information pertaining to that section.

Date of Profile Submission or Latest Update
08/01/2019

Initial Licensure

Initial License State	Initial License Issue Date	Malpractice Coverage
AL	06/30/1988	

Practice Location History

City	State/Province	Country	From	To
Chattanooga	TN	USA	07/01/1993	08/01/2019

Medicaid/Medicare

Currently Accepting Medicaid Patients?	Currently Accepting Medicare Patients?
Y	Y

Medical Education and Training

Education/Certifications

School Type	From	To	Graduated	School Name
-------------	------	----	-----------	-------------

Graduate Medical Education

Program Type/Specialty	GME/Hospital Name	From	To	City/State/Zip	Country	Graduated
------------------------	-------------------	------	----	----------------	---------	-----------

	Pediatrics	07/01/1987	06/30/1990	Mobile AL	US	
--	------------	------------	------------	-----------	----	--

Current Hospital Privileges

Hospital Name	City/State/Zip
Erlanger Medical Center	
East Ridge Hospital	
Erlanger East Pavilion	
Hutcheson Medical Center	
St. Thomas Rutherford	Murfreesboro, TN 37129

Final Disciplinary Action

Agency Name	Discipline Date	Violation Description	Action Type	Action Description
-------------	-----------------	-----------------------	-------------	--------------------

Hospital Privilege Revocations

Hospital Name	Discipline Date	Violation Description	Action Type	Action Description
---------------	-----------------	-----------------------	-------------	--------------------

Criminal Offenses

Date of Offense	Jurisdiction	Description of Offense
-----------------	--------------	------------------------

Medical Malpractice Judgment Arbitration Awards

List of medical malpractice court judgment and/or arbitration awards against this physician entered on or after April 11, 2001 that was in excess of \$100,000 limited to the most recent 10 years.

Date Awarded	Amount Awarded
--------------	----------------

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Medical Malpractice Settlement Amounts

- A. Minimum four (4) settlements (regardless of amount).
- B. Three (3) settlements with at least one (1) settlement over \$100,000.00.
- C. Any settlement in which at least one (1) payment is in excess of \$300,000.00.

Settlement Date	Settlement Amount
-----------------	-------------------

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

List of physician's articles, journals, or publications limited to the most recent ten years

Date	Publication	Title
------	-------------	-------

List of professional organizations, community service organization memberships or activities

Organization	Type	Description
--------------	------	-------------

Awards

Organization	Award/Honor
--------------	-------------

List of all languages excluding English used the by physician to communicate with patients and/or translation services available to their patients at the primary place of practice

Language

List of Appointments to Medical School Faculties (Not hospital affiliations or privileges)

School	Position
--------	----------

Physician's Comments

--