Licensee Details

Please see below for details for the licensee you selected.

Name: Deborah Lyn Levich Designation: MD

Lic #: 44520 Profession: Physician Subtype: Full

Status: Active **Issued:** 10/2/1997 **Expires:** 5/31/2023

Specialties

Specialty/Subspecialty Certifying Board Primary Specialty?

Gynecology ABOG 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: 1924 Cliff Valley Way NE

ATLANTA GA 30329

County: Fulton

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.

Final Disciplinary Action

Agency Name	Discipline Date	Violation Description	Action Type	Action Description
Alabama State Board of Medical Examiners	03/17/2008		Voluntary Surrender	

Initial Licensure

Initial License State	Initial License Issue Date	Malpractice Coverage
CA	08/01/1988	

Practice Location History

City	State/Province	Country	From	То
Roswell	GA	US	04/14/2004	04/15/2014
Roswell	GA	US	04/14/2005	12/15/2012

Medicaid/Medicare

Currently Accepting Medicaid Patients?	Currently Accepting Medicare Patients?
N	N

Medical Education and Training

Education/Certifications

School Type	From	То	Graduated	School Name

Graduate Medical Education

Program Type/Specialty	GME/Hospital Name	From	То	City/State/Zip	Country	Graduated
1	Kaiser Pemanente Medical Cente	07/01/1982	06/30/1986	San Francisco CA	US	

Current Hospital Privileges

Hospital Name	City/State/Zip
Northside Hospital, Atlanta, GA	Atlanta, GA 30028

Hospital Privilege Revocations

Hospital Name Discipline Date	Violation Description	Action Type	Action Description
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Criminal Offenses

Date of Offense	lunio	diction	Description	n of Offense
Date of Offerise	Julis	aiction	Descriptio	n of Offense
Medical Malpractice J	udamant Anhita	estion Awanda		
neulcai Maipractice 5	uugiiieiit Arbiti	ation Awarus		
List of medical ma	alpractice court	judgment and	or arbitration a	wards against
this physician ento		_	that was in exce	ss of \$100,000
limited to the mos	st recent 10 year	S.		
Date A	warded		Amount Awarde	ed
reflect negatively on settlement of a medi presumption that me	the professional cor ical malpractice actic edical malpractice ha	npetence or condu n or claim should r s occurred.	f reasons which do no ct of the physician. A p oot be construed as cr	payment in
Medical Malpract				
	ur (4) settlements	· •	•	
` ,		, ,	ettlement over \$10	•
\$300,000.00.	ent in which at ie	ast one (1) pay	ment is in excess	OT
	ent Date		Settlement Amo	unt
reflect negatively on	the professional cor	npetence or condu	f reasons which do no ct of the physician. A p not be construed as cr	payment in
	edical malpractice ha		iot be constitued as ci	cating a
F				
ist of physician's artic	cles, journals, o	r publications	limited to the m	ost recent ten years
Date		Publication		Title
ist of professional org	ganizations, cor	nmunity servi	ce organization r	nemberships or
Organizati	ion	Туре	De	escription
wards				
Organi	zation		Award/H	onor
		<u> </u>		
ist of all languages ex atients and/or transla ractice	0 0	• •	•	
		Language		
ist of Appointments t	o Medical Scho	ol Faculties (N	ot hospital affilia	ntions or privileges)
Schoo	ol		Position	1
N ~				
Physician's Comments	<u> </u>			