

Licensee Information

Lucia Scott Derks - MD

License #: 2017-01043 **License Status:** Active **Public Action:** No
Issue Date: 05/08/2017 **Renewal Date:** 11/05/2026

Active Supervisees

| Name | Type | Status | Approved |
|-----------------------|---------------------|--------|------------|
| Caughel, Clara Kruger | Physician Assistant | Active | 05/28/2020 |

North Carolina Hospital Admitting Privileges

| Location |
|---|
| Advent Health Hendersonville |
| Angel Medical Center, Inc. |
| Blue Ridge Regional |
| Highlands-Cashiers Hospital, Inc. |
| McDowell Hospital |
| Mission Hospital |
| Transylvania Community Hospital, Inc. And Bridgeway |

Out of State Active/Inactive Licenses

| State |
|-------|
| Ohio |

Out of Country Active/Inactive Licenses

| Country |
|---------------|
| None Reported |

Address

TeamHealth at Mission Hospital
 509 Biltmore Avenue
 Asheville, NC 28801
 828-213-1111

Information

Days patients are seen at this practice:

Participates in Medicare:

Practice philosophy:

Accepting new Medicare patients:

Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):

Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):

Participates in Medicaid:

Accepting new Medicaid patients:

Uses electronic medical records:

Medical School

| School | Graduation |
|---|------------|
| Wake Forest University School of Medicine | 2013 |

Post Graduate Training

"Last Year" does not necessarily mean that the licensee completed his/her training program. (In NC, a physician can be licensed without completing such a program.)

| Institution | Specialty | State, Country | Training Program | Last Year |
|--------------------------|--------------------|----------------|------------------|-----------|
| University of Cincinnati | Emergency Medicine | OH, US | Residency | 2017 |

Current Board Certification and Year of Certification/Recertification

Physicians should not list non-ABMS or non-AOA specialty boards unless the board meets the criteria set forth in the NC Medical Board's Advertising and Publicity Position Statement.

| Primary/Subspecialty | Year |
|----------------------|------|
| Emergency Medicine | 2018 |

Area of Practice

| Area Of Practice | Primary |
|--------------------|---------|
| Emergency Medicine | Yes |

Current Membership in Medical Professional Organizations

| Membership |
|---------------|
| None Reported |

Honors & Awards

| Honor/Award | Given By | Date |
|---------------|----------|------|
| None Reported | | |

Public Service

| Name of Clinic | Service Description | Date |
|----------------|---------------------|------|
| None Reported | | |

Current Academic Appointments

| Title | Institution | City, State, Country |
|---------------|-------------|----------------------|
| None Reported | | |

Publications

| Title |
|---------------|
| None Reported |

Section 1: Adverse Actions

North Carolina Medical Board Public Actions

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Other Regulatory Board or Agency Public Actions

| Date | Name of Board/Agency | Action Taken | Link |
|---------------|----------------------|--------------|------|
| None Reported | | | |

Health Care Institution Suspensions and Revocations

| Date | Health Care Institution | Action Taken |
|---------------|-------------------------|--------------|
| None Reported | | |

Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

North Carolina Medical Board Reentry Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

North Carolina Special Purpose Licensing Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Malpractice Information

| Incident Date | Payment Date | Area of Practice | City, State, Country | Response |
|---------------|--------------|------------------|----------------------|----------|
| None Reported | | | | |

Misdemeanor/DUI/DWI Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |

Felony Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |

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