



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: MICHAEL STEPHEN PHILLIPS MD

DATE: 04/11/2019

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1949

License Number: E4598 Full Medical License

Issuance Date: 08/23/1975

Expiration Date of Physician's Registration Permit: 11/30/2020

Registration Status: ACTIVE

Registration Date: 12/10/1996

Disciplinary Status: SEE PREVIOUS ORDER

Disciplinary Date: 10/10/2013

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
BAYLOR COLL OF MED, HOUSTON

Medical School Graduation Year: 1975

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

View the documents containing action taken by the Board against this individual.

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Action Date: 10/10/2013

Description: STATUS CLEARED 10/10/2013

Action Date: 02/10/2012

Description: ON FEBRUARY 10, 2012, THE BOARD AND MICHAEL STEPHEN PHILLIPS, M.D., ENTERED INTO AN AGREED ORDER PROHIBITING HIM FROM TREATING PREGNANT PATIENTS AND REQUIRING HIM TO PAY AN ADMINISTRATIVE PENALTY OF \$1,000 WITHIN 60 DAYS AND PROVIDE A COPY OF THIS ORDER TO ALL TREATMENT FACILITIES WHERE HE HAS PRIVILEGES. THE ACTION WAS BASED ON DR. PHILLIPS' VIOLATION OF A 2003 BOARD ORDER.

Action Date: 08/25/2006

Description: ON AUGUST 25, 2006, AN ORDER WAS ENTERED GRANTING MODIFICATION OF THE OCTOBER 10, 2003 ORDER. ORDERING PARAGRAPH THREE, OF THE OCTOBER 10, 2003 ORDER WAS DELETED. ALL OTHER PROVISIONS OF THE ORDER REMAIN IN FULL FORCE AND EFFECT UNTIL SUPERSEDED BY SUBSEQUENT ORDER OF THE BOARD.

Action Date: 10/27/2003

Description: FORMAL COMPLAINT DISMISSED BY STATE OFFICE OF ADMINISTRATIVE HEARINGS AS A RESULT OF AGREED ORDER DATED 10/10/03.

Action Date: 10/10/2003

Description: ON 10-10-03, THE BOARD AND DR. PHILLIPS ENTERED INTO A 10-YEAR AGREED ORDER REVOKING THE PHYSICIAN'S LICENSE; HOWEVER, THE REVOCATION WAS STAYED AND THE PHYSICIAN WAS PLACED ON PROBATION UNDER CERTAIN TERMS AND CONDITIONS THAT INCLUDE REFRAINING FROM THE PRACTICE OF OBSTETRICAL MEDICINE, RECEIVING REMEDIAL EDUCATION, AND HAVING HIS PRACTICE MONITORED. THE ACTION WAS BASED ON ALLEGATIONS THAT DR. PHILLIPS FAILED TO MEET THE STANDARD OF CARE IN HIS PERFORMANCE OF OBSTETRICAL MEDICINE. SPECIFICALLY, DR. PHILLIPS FAILED TO TIMELY PERFORM CESAREAN SECTIONS IN THREE DELIVERIES THAT RESULTED IN SEVERE BIRTH INJURIES AND SUBSEQUENT INFANT DEATHS.

Action Date: 04/24/2002

Description: ON APRIL 24, 2002, A FORMAL COMPLAINT WAS FILED BY THE BOARD.

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

Action Taken: ACTION TAKEN-SEE TMB ACTIONS & LICENSE RESTRICTIONS SECTION **Date:** 10/10/2003

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verific@tmb.state.tx.us

Status Code: CL **Effective Date:** 10/10/2013

Description: SEE PREVIOUS ORDER

Status Code: RB **Effective Date:** 10/10/2003

Description: UNDER BOARD ORDER

Status Code: FB **Effective Date:** 04/24/2002

Description: COMPLAINT FILED

Status Code: AC **Effective Date:** 12/10/1996

Description: ACTIVE

Status Code: CTL **Effective Date:** 12/01/1996

Description: CME TEMPORARY LICENSE

Status Code: AC **Effective Date:** 01/01/1978

Description: ACTIVE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

***Ethnicity:** WHITE

Race: WHITE

* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

Place of Birth: COLORADO

Current Primary Practice Address:

1301 W 7TH ST STE 121

FORT WORTH , TX 76102

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **43** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **34** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

Specialty Certification: AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Date: 1981

Primary Specialty

The physician reports his/her primary practice is in the area of GENERAL PRACTICE.

Secondary Specialty

The physician reports his/her secondary practice is in the area of GYNECOLOGY.

Name, Location and Graduation Date of All Medical Schools Attended

Name: BAYLOR COLLEGE OF MEDICINE

Location: HOUSTON TX USA

Graduation Date: 1975

Graduate Medical Education In The United States Or Canada

Program Name: MADIGAN ARMY MEDICAL CENTER

Location: FT. LEWIS, WA

Begin Date: 07/1977

Type: RESIDENCY

End Date: 06/1979

Specialty: OB/GYN

Program Name: GOOD SAMARITAN HOSPITAL

Location: PHOENIX, AZ

Begin Date: 07/1975

Type: INTERNSHIP

End Date: 06/1977

Specialty: OB/GYN

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

NONE

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANISH

Medicaid Participant: The physician reports that he/she **does** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

Description: CHAIRMAN DEPT. SURGERY YOAKUM COMMUNITY HOSPITAL 2003-4

Description: FELLOW AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS 1981-2004

Description: CHAIRMAN DEPT. OF OB/GYN BAYLOR/RICHARDSON MEDICAL CENTER 1989

Description: CHAIRMAN DEPT. SURGERY CUERO COMMUNITY HOSPITAL 2001

Description: COMMANDER S AWARD FOR EXCELLENCE, DARNELL ARMY COMMUNITY HOSPITAL, FORT HOOD, TX 1999

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses:The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

To obtain primary source verifications, click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

APN Name: [ABRAHAM, JOY APN](#)

APN License Number: AP119934

Delegation Location Type: Medically Underserved Population

Approve Date: 2/27/2015

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

Summary of all License/Permit Types

Issue Date:
08/23/1975

Type:
[LICENSED PHYSICIAN](#)

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Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.