

# **PUBLIC VERIFICATION / PHYSICIAN PROFILE**

# **PHYSICIAN**

NAME: MEERA SHAH MD

DATE: 03/10/2019

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

Date of Birth: 1983 License Number: R2474 Full Medical License Issuance Date: 04/04/2017 Expiration Date of Physician's Registration Permit: 05/31/2018

Registration Status: DELINQUENT-NON PAYMENT Disciplinary Status: NONE Licensure Status: NONE Registration Date: 06/30/2018 Disciplinary Date: NONE Licensure Date: NONE

Mailing Address 43 WEST 16TH STREET APT 7H NEW YORK , NY 10011

## Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows: GEORGE WASHINGTON UNIV SCH OF MED & HLTH SCI, WASHINGTON

Medical School Graduation Year: 2012

# 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.)

NONE

# 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.

NONE

**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 <u>verifcic@tmb.state.tx.us</u>

Status Code: DQ Description: DELINQUENT-NON PAYMENT

Status Code: AC Description: ACTIVE

Status Code: LI Description: LICENSE ISSUED Effective Date: 06/30/2018

**Effective Date:** 04/26/2017

**Effective Date:** 04/04/2017

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

#### Gender: FEMALE

\*Ethnicity: DID NOT ANSWER

Race: ASIAN

\* 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: SOUTH CAROLINA

#### **Current Primary Practice Address:**

NOT GIVEN

#### 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  $\mathbf{2}$  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  $\mathbf{0}$  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:

NONE

## **Primary Specialty**

The physician reports his/her primary practice is in the area of FAMILY MEDICINE.

# Secondary Specialty

The physician did not report a secondary practice area.

Name, Location and Graduation Date of All Medical Schools Attended NONE

Graduate Medical Education In The United States Or Canada

http://reg.tmb.state.tx.us/OnLineVerif/Phys ReportVerif new.asp

## NONE

## **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 did not report whether he/she provided any language translation services for patients.

**Medicaid Participant:** The physician reports that he/she **does not** 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:

NONE

# **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 foll	owing:	
Description: NONE		
Physician Assistant Supervision Description: NONE		To obtain primary source verifications, click name
Advanced Practice Nurse Delegation		To obtain primary source verifications, click name
Description: NONE		
Summary of all License/Permit Types		
Issue Date: 04/04/2017	Type: LICENSED PHYSICIAN	

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