



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: GEORGE SEALY MASSINGILL MD **DATE:** 02/20/2020

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

Date of Birth: 1959

License Number: H0609 Full Medical License

Issuance Date: 12/03/1986

Expiration Date of Physician's Registration Permit: 02/28/2021

Registration Status: ACTIVE

Registration Date: 04/03/2013

Disciplinary Status: SEE PREVIOUS ORDER

Disciplinary Date: 06/06/2006

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:
UNIV OF TX MEDICAL SCHOOL AT HOUSTON, HOUSTON, TX

Medical School Graduation Year: 1985

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: 06/06/2006

Description: STATUS CLEARED 06/06/2006

Action Date: 02/03/2006

Description: ON FEBRUARY 3, 2006, THE BOARD AND DR. MASSINGILL ENTERED INTO AN AGREED ORDER REQUIRING DR. MASSINGILL TO COMPLETE A COURSE OF AT LEAST 10 HOURS IN RECORD KEEPING AND ASSESSING AN ADMINISTRATIVE PENALTY OF \$5,000.

THE ACTION WAS BASED ON ALLEGATIONS THAT DR. MASSINGILL FAILED TO APPROPRIATELY DOCUMENT AND/OR ENSURE THAT HIS RESIDENT PHYSICIAN DOCUMENTED THE OCCURRENCES OF THE DELIVERY OF AN INFANT.

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: 02/03/2006

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 verificic@tmb.state.tx.us

Status Code: AC
Description: ACTIVE

Effective Date: 04/03/2013

Status Code: PPD
Description: PAYMENT PROCESSING DELAY

Effective Date: 03/11/2013

Status Code: CL
Description: SEE PREVIOUS ORDER

Effective Date: 06/06/2006

Status Code: RB
Description: UNDER BOARD ORDER

Effective Date: 02/03/2006

Status Code: AC
Description: ACTIVE

Effective Date: 12/03/1986

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: TEXAS

Current Primary Practice Address:

PPGT -- FORT WORTH
6464 JOHN RYAN DRIVE
FORT WORTH , TX 76132

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 **26** 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 **23** 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: 1991

Primary Specialty

The physician reports his/her primary practice is in the area of OBSTETRICS AND GYNECOLOGY.

Secondary Specialty

The physician did not report a secondary practice area.

Name, Location and Graduation Date of All Medical Schools Attended

Name: UNIVERSITY OF TEXAS AT HOUSTON

Location: HOUSTON TX

Graduation Date: 1985

Graduate Medical Education In The United States Or Canada

Program Name: FORT WORTH HOSPITALS PROGRAM

Location: FORT WORTH/TEXAS

Begin Date: 07/1986

Type: RESIDENCY

End Date: 06/1989

Specialty: OB/GYN

Program Name: FORT WORTH HOSPITAL

Location: FORT WORTH, TX

Begin Date: 07/1985

Type: INTERNSHIP

End Date: 06/1986

Specialty: OB/GYN

Hospital Privileges

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

Hospital: JOHN PETER SMITH HOSPITAL

Location: FORT WORTH

Hospital: HARRIS METHODIST FORT WORTH

Location: FORT WORTH

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/HEARING IMPAIRED/MOST OTHER SERVICES

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:

Description: ADJUNCT ASSOCIATE PROFESSOR, UNTHSC/TCOM

Description: CHAIR, DEPARTMENT OF OB/GYN, JOHN PETER SMITH HOSPITAL 2012-2016

Description: VICE CHAIR, DEPARTMENT OF OB/GYN, JOHN PETER SMITH HOSPITAL 2000-2012

Description: PRESIDENT OF MEDICAL STAFF, JOHN PETER SMITH HOSPITAL 2008-2009

Description: PRESIDENT, TEXAS ASSOCIATION OF OBGYN 2017-2019

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

Description: NONE

Advanced Practice Nurse Delegation

To obtain
primary
source
verifications,
click name

To obtain
primary
source

APN Name: [PREE, ASHLEY APN](#)

APN License Number: AP133698

Delegation Location Type: Practice Site

Approve Date: 10/19/2017

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [CARDWELL, ELIZABETH APN](#)

APN License Number: AP112001

Delegation Location Type: Medically Underserved Population

Approve Date: 2/7/2017

Hours Supervised: 8

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [HOWINGTON, LYNNETTE APN](#)

APN License Number: AP113452

Delegation Location Type: Practice Site

Approve Date: 2/7/2017

Hours Supervised: 16

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [SHEPPARD, HEATHER APN](#)

APN License Number: AP128434

Delegation Location Type: Practice Site

Approve Date: 2/7/2017

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [HICE, MARIA APN](#)

APN License Number: AP111607

Delegation Location Type: Practice Site

Approve Date: 2/7/2017

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [VOGELSON, LEANNE APN](#)

APN License Number: AP118251

Delegation Location Type: Practice Site

Approve Date: 4/8/2018
Hours Supervised: 32
Dangerous Drugs: YES
Controlled Substances: YES

APN Name: [CONNER, DENISE APN](#)

APN License Number: AP103518

Delegation Location Type: Practice Site

Approve Date: 7/28/2018

Hours Supervised: 8

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [PARROTTA, MARY CATHERINE APN](#)

APN License Number: AP131233

Delegation Location Type: Practice Site

Approve Date: 2/28/2019

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [WILLIAMSON, CHELSEA APN](#)

APN License Number: AP133477

Delegation Location Type: Medically Underserved Population

Approve Date: 4/24/2017

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [SANCHEZ, STEPHANIE APN](#)

APN License Number: AP119343

Delegation Location Type: Medically Underserved Population

Approve Date: 4/24/2017

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

APN Name: [CARDONA, VANESSA APN](#)

APN License Number: AP143906

Delegation Location Type: Practice Site

Approve Date: 1/20/2020

Hours Supervised: 40

Dangerous Drugs: YES

Controlled Substances: YES

Summary of all License/Permit Types

Issue Date:

12/03/1986

Type:

[LICENSED PHYSICIAN](#)

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