



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN

**NAME:** MICHAEL ANGELO BASCO MD

**DATE:** 03/18/2020

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

**Date of Birth:** 1959

**License Number:** H5151 Full Medical License

**Issuance Date:** 02/24/1989

**Expiration Date of Physician's Registration Permit:** 08/31/2013

**Registration Status:** CANCELLED BY  
REQUEST

**Registration Date:** 09/05/2014

**Disciplinary Status:** ORDER TERMINATED  
BECAUSE LICENSE IS NO LONGER ACTIVE

**Disciplinary Date:** 09/05/2014

**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 CALIFORNIA SAN DIEGO SCH OF MED, LA JOLLA, CA

**Medical School Graduation Year:** 1987

#### 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.

View Board Actions [Get Adobe Reader](#)

**Action Date:** 09/05/2014

**Description:** ORDER TERMINATED BECAUSE LICENSE NO LONGER ACTIVE. EFFECTIVE 09/05/2014

**Action Date:** 06/27/2014

**Description:** ON JUNE 27, 2014, THE BOARD AND MICHAEL ANGELO BASCO, M.D., ENTERED INTO AN AGREED ORDER PUBLICLY REPRIMANDING DR. BASCO. IN ADDITION, DR. BASCO SHALL NOT PRACTICE MEDICINE IN TEXAS UNTIL SUCH A TIME AS HE REQUESTS IN WRITING TO HAVE THE SUSPENSION STAYED OR LIFTED, APPEARS BEFORE THE BOARD AND PROVIDES CLEAR AND CONVINCING EVIDENCE THAT HE IS PHYSICALLY, MENTALLY, AND OTHERWISE COMPETENT TO SAFELY PRACTICE MEDICINE. DR. BASCO SHALL COMPLY WITH ALL TERMS OF THE ORDER ENTERED BY THE MARYLAND BOARD OF PHYSICIANS. THE BOARD FOUND ON MAY 29, 2013, THE MARYLAND BOARD OF PHYSICIANS ENTERED AN ORDER OF SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE AGAINST DR. BASCO.

**Action Date:** 09/14/2011

**Description:** STATUS CLEARED 09/14/2011

**Action Date:** 08/26/2011

**Description:** ON AUGUST 26, 2011, THE BOARD AND MICHAEL ANGELO BASCO, M.D., ENTERED INTO AN AGREED ORDER REQUIRING DR. BASCO TO COMPLETE WITHIN ONE YEAR EIGHT HOURS OF CME IN MEDICAL RECORD-KEEPING AND PAY AN ADMINISTRATIVE PENALTY OF \$3,000 WITHIN 60 DAYS. THE ACTION WAS BASED ON DR. BASCO'S INADEQUATE MEDICAL RECORDS FOR ONE PATIENT.

**Action Date:** 08/18/2003

**Description:** STATUS CLEARED 08/18/2003.

**Action Date:** 08/15/2003

**Description:** AN AGREED ORDER WAS ENTERED ON 8-15-03 IN WHICH THE PHYSICIAN RECEIVED A PUBLIC REPRIMAND. ACTION DUE DISCIPLINARY ACTION BY PEERS AND UNPROFESSIONAL OR DISHONORABLE CONDUCT THAT IS LIKELY TO DECEIVE, DEFRAUD, OR INJURE THE PUBLIC.

### 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 [verificic@tmb.state.tx.us](mailto:verificic@tmb.state.tx.us)

**Status Code:** CR

**Effective Date:** 09/05/2014

**Description:** CANCELLED BY REQUEST

**Status Code:** IA

**Effective Date:** 09/05/2014

**Description:** INACTIVE-PRELIM TO BECOMING CN/CR

<b>Status Code:</b> OT	<b>Effective Date:</b> 09/05/2014
<b>Description:</b> ORDER TERMINATED BECAUSE LICENSE IS NO LONGER ACTIVE	
<b>Status Code:</b> RB	<b>Effective Date:</b> 06/27/2014
<b>Description:</b> UNDER BOARD ORDER	
<b>Status Code:</b> DQ	<b>Effective Date:</b> 09/30/2013
<b>Description:</b> DELINQUENT-NON PAYMENT	
<b>Status Code:</b> CL	<b>Effective Date:</b> 09/14/2011
<b>Description:</b> SEE PREVIOUS ORDER	
<b>Status Code:</b> RB	<b>Effective Date:</b> 08/26/2011
<b>Description:</b> UNDER BOARD ORDER	
<b>Status Code:</b> CL	<b>Effective Date:</b> 08/18/2003
<b>Description:</b> SEE PREVIOUS ORDER	
<b>Status Code:</b> RB	<b>Effective Date:</b> 08/15/2003
<b>Description:</b> UNDER BOARD ORDER	
<b>Status Code:</b> AC	<b>Effective Date:</b> 05/04/1989
<b>Description:</b> ACTIVE	
<b>Status Code:</b> LI	<b>Effective Date:</b> 02/24/1989
<b>Description:</b> LICENSE ISSUED	

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

**Gender:** MALE

**\*Ethnicity:** HISPANIC

**Race:** WHITE - of Hispanic origin

\* 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:** CALIFORNIA

**Current Primary Practice Address:**

801 TOLLHOUSE AVE UNIT H

FREDERICK , MD 21201

**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 **19** 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 **19** 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:** 2001

**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:** UNIV. OF CALIF. AT SAN DIEGO

**Location:** LA JOLLA CA USA

**Graduation Date:** 06/1987

**Graduate Medical Education In The United States Or Canada**

**Program Name:** UNIV. OF TEXAS SOUTHWESTERN MEDICAL CENT

**Location:** DALLAS TEXAS

**Begin Date:** 07/1987

**Type:** RESIDENCY

**End Date:** 06/1991

**Specialty:** OB/GYN

**Hospital Privileges**

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

**Hospital:** NORTH TEXAS COMMUNITY HOSPITAL

**Location:** BRIDGEPORT

**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:** ADJUNCT ASSISTANT PROFESSOR IN DEPT OF OB/GYN AT THE UNIVERSITY OF NORTH TEXAS SCIENCE CENTER AT FORT WORTH

## 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:** INFANT WAS BORN AND FIVE YEARS LATER DEVELOPED MILD C.P.. THE PARENTS STATE THIS WAS CAUSED AT BIRTH. THERE WAS NO EVIDENCE TO SUPPORT THAT THE CHILD HAD BRAIN INJURY AT BIRTH. THE CASE SETTLED ON MY BEHALF FOR \$25,000.

## 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:** I HAVE DISCIPLINARY ACTION BY TSBME PENDING. THE STATE OF PENNSYLVANIA MEDICAL BOARD PLACED A PUBLIC REPRIMAND BASED ON THE TEXAS STATE BOARD OF MEDICAL EXAMINERS PUBLIC REPRIMAN.

### Physician Assistant Supervision

To obtain primary source verifications, click name

**Description:** NONE

### Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

**Description:** NONE

### Summary of all License/Permit Types

**Issue Date:**

07/01/1987

**Type:**

[INSTITUTIONAL PERMIT](#)

02/24/1989

[LICENSED PHYSICIAN](#)

[Contact Us](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Compact with Texans](#) | [Website Linking Policy](#)

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