



# Texas Medical Board

Texas Board of Medical Radiologic Technology  
**Healthcare Provider Verification / Profile**

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## Physician License

**NAME:** JAMES G GENGBACH, DO  
**LICENSE:** E1587  
**INFORMATION CURRENT AS OF:** 4/4/2021

**CURRENT STATUS: ACTIVE**

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

### Verified Information

**Year of Birth:** 1944  
**License Number:** E1587 Physician License  
**Issuance Date:** 12/04/1973  
**Expiration Date:** 11/30/2021  
**Current Status:** ACTIVE as of 12/13/1999  
**Disciplinary Restrictions:** NONE  
**Non-Disciplinary Restrictions:** NONE  
**Specialties:**  
**School of Graduation:**  
KANSAS CITY UNIV OF MEDICINE AND BIOSCIENCES, KANSAS CITY 1973

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

### Self Reported Information

**Gender:** MALE  
**Place of Birth:** MISSOURI  
**Race:** WHITE

**Current Primary Practice Address:**

1560 S HIGHLAND AVE  
CLEARWATER, FL 33756

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

32 year(s)

**Years of Active Practice in Texas:**

16 year(s)

**— Specialty Board Certification**

Specialty certifications issued by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:  
NONE

**— Specialties**

**Primary Specialty:** GYNECOLOGY

**Secondary Specialty:** NONE

**— Education****Name, Location and Graduation Date of All Medical Schools Attended****Graduate Medical Education In The United States Or Canada**

**Program Name:** SCOTT & WHITE

**Location:** TEMPLE, TX

**Begin Date:** 07/1973

**End Date:** 06/1976

**Type:** RESIDENCY

**Specialty:** OBG

**— Hospital Privileges**

The physician reports that he/she has hospital privileges in the following in the State of Texas:  
NONE

**— Utilization Review**

The physician reports that he/she **does not** provide utilization review services for a group health plan provided by an insurance company. (This does not include utilization review provided in relation to workers compensation claims.)

## — Patient Services

**Medicaid Participant:** The physician reports that he/she **does not** participate in the Medicaid program.

### **Practice Address:**

1560 S HIGHLAND AVE  
CLEARWATER, FL 33756

**Accessibility:** The physician reports that the patient service area **is** accessible to persons with disabilities.

**Language Translation Services:** The physician did not report whether he/she provided any language translation services for patients.

## — Awards, Honors, Publications

### **Optional Information:**

NONE

## — Malpractice Information

The physician has the following reportable claims.

NONE

## — Criminal History

Self-Reported Criminal Offenses:

NONE

## — Non-TMB Disciplinary Actions

The physician reported the following:

NONE

## — Physician Assistant Supervision

To obtain physician assistant (PA) information, click name

NONE

## — Advanced Practice Nurse Delegation

To obtain advanced practice registered nurse (APRN) information, click name

NONE

 **Summary of all Licenses**

**Issue Date:** 12/04/1973

**Type:** [E1587 Physician License](#)

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