

Vinita Goyal, MD

Licensed Physician #MD2021-1077

Issue Date

11/17/2021

Expiration Date

07/01/2022

Signature of Holder

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board  
Triennial Renewal Certificate**

This is to certify that

**Vinita Goyal, MD**

License Number: MD2021-1077

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 11/17/2021    Date Expires: 07/01/2022\*

*\*A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

**This License Must Be Conspicuously Posted In Each Practice Location**

NO AMA



New Mexico Medical Board  
2055 S. Pacheco Street, Building 400  
Santa Fe, NM 87505  
505-476-7220  
Fax: 505-476-7233

R# 2416275

Michelle Lujan Grisham  
Governor

Steven M. Jenkusky, MD  
Chair

ADDITIONAL PHYSICIAN INFORMATION

Physician Name: GOYAL VINITA  
Last First Middle

An asterisk (\*) indicates that this information will be kept confidential.

Endorse

Will you be applying by endorsement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Citizenship: UNITED STATES
Immigration Status:	INS Certification #: N/A <input checked="" type="checkbox"/>
*Fed Tax ID#: Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	*NM Tax ID#: Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*Fed. Drug Enforcement Admin. (DEA) Registration #: [REDACTED]	Exp. Date: 09/30/21 Pending <input type="checkbox"/> N/A <input type="checkbox"/>
*State Controlled Substance Registration (CSR)#	State: Exp. Date: Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*Medicare Unique Physician Identification Number (UPIN):	Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*State Medicaid Provider Number:	State: Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

PRACTICE INFORMATION – Please list all applicable practice information below.

Current Practice Name: ALAMO WOMEN'S REPRODUCTIVE SERVICES	
Street Address: 7402 John Smith Drive #101	
City: San Antonio	State: TX Zip Code: 78229
Telephone Number: (210) 614-4742	Facsimile Number:
*Office Manager or Contact Person: Kristina Hernandez	Practice Limited to (clinical specialty): OB-GYN
Foreign Languages (spoken fluently by practitioner): Spanish	
Foreign Languages (spoken fluently at Practice): Spanish	
What are your immediate or future Practice Plans in New Mexico? In preparation	
Practice Associates in NM (if applicable): N/A	
Call Coverage in NM (if applicable): N/A	
Other Practice Locations (if applicable): N/A	
Other Practice Name: N/A	
Street Address: N/A	
City: N/A	State: Zip Code:
Telephone Number: N/A	Facsimile Number: [REDACTED]
Answering Service:	Effective Date:

Applicant Name: VINITA GOYAL

**PROFESSIONAL REFERENCES** – Please list three professional peers familiar with your professional performance in the past 5 years (not including current or impending partners or associates in practice).

<b>(1) Name and Title:</b> Alan Braid, MD - clinic owner	
<b>Street Address:</b> 7402 John Smith Dr #101	
<b>City:</b> San Antonio,	<b>State:</b> TX <b>Zip Code:</b> 78229
<b>Telephone Number:</b> (210) 614-4742	<b>Facsimile Number:</b> (210) 614-2633

<b>(2) Name and Title:</b> Kristina Hernandez, RN - Director of Nursing	
<b>Street Address:</b> 7402 John Smith Dr #101	
<b>City:</b> San Antonio	<b>State:</b> TX <b>Zip Code:</b> 78229
<b>Telephone Number:</b> (210) 614-4742	<b>Facsimile Number:</b> (210) 614-2633

<b>(3) Name and Title:</b> Bhavik Kumar, MD MPH - Medical Director Primary & Trans Care	
<b>Street Address:</b> 4600 Gulf Freeway	
<b>City:</b> Houston	<b>State:</b> TX <b>Zip Code:</b> 77023
<b>Telephone Number:</b> (713) 631-6537	<b>Facsimile Number:</b> (713) 535-2537

**SPECIALTY BOARD CERTIFICATIONS**  N/A

**Are you Board Certified?**  Yes  No

**Note:** If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

<b>Certified/Recertified by the:</b> American Board of Obstetrics & Gynecology		
<b>Date Certified:</b> 11/7/2006	<b>Date Last Recertified:</b> 9/7/2020	<b>Exp. Date:</b> 12/31/2021
<b>Certified/Recertified by the:</b>		
<b>Date Certified:</b>	<b>Date Last Recertified:</b>	<b>Exp. Date:</b>
<b>Accepted for Examination by the:</b>		
<b>Until (expiration date):</b>	<b>If not accepted, have you made application?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Certified/Recertified by the Subspecialty Board of:</b>		
<b>Date Certified:</b>	<b>Date Last Recertified:</b>	<b>Exp. Date:</b>
<b>Certified/Recertified by the Subspecialty Board of:</b>		
<b>Date Certified:</b>	<b>Date Last Recertified:</b>	<b>Exp. Date:</b>
<b>Accepted for Examination by the Subspecialty Board of:</b>		
<b>Until (expiration date):</b>	<b>If not accepted, have you made application?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROFESSIONAL LIABILITY INSURANCE\***

<b>Do you have current liability insurance?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		<b>Current Carrier:</b> Norcal Mutual
<b>Complete address:</b> Arthur J Gallagher Risk Management Services Houston, 6511 S. Sam Houston, PKing E Suite		
<b>Dates Insured</b>	<b>Policy #:</b>	<b>Coverage Limits:</b>
<b>From:</b> 1/5/17 <b>To:</b> 3/31/2022	732710 N	200, Houston, TX 77015 \$200,000/claim, \$1,000,000 per policy period liability \$50,000 administrative defense insurance-claim

**Applicant Name:** VINITA GOYAL

# Uniform Application for Licensure

**Application ID:** 334347  
**FID:** 214480527

**License Requested:** MD  
**License Type:** Permanent Medical License  
**Submitted to:** New Mexico Medical Board  
**Submission Date:** 9/2/2021 5:22 PM

**Practitioner Name**

Goyal, Vinita

**Contact Information**

**Address**

Public Access	Board Contact	Type	Address
Yes	Yes	Home	[REDACTED] San Antonio San Antonio, TX 78278 UNITED STATES

**Phone**

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	[REDACTED]	

**Email**

Public Access	Board Contact	Email
Yes	Yes	vinitagoyalmd@gmail.com

**Identification**

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	[REDACTED]	07/05/1973	[REDACTED] UNITED STATES	F		MD	Yes

**Medical School**

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
University of Washington School of Medicine	1959 N.E. Pacific Street Seattle, WA 98195 UNITED STATES	08/13/1999	06/13/2003	06/13/2003	MD ✓

**Fifth Pathway**

None Reported

**ECFMG**

Certificate Number	Issue Date
None Reported	

**Postgraduate Training**

**Hospital Name:** University of North Carolina Hospitals Program  
**Program Code:** ACGME 2203621216  
 Chapel Hill, NC UNITED STATES

**Attendance Dates:**

**Institution:** University of North Carolina Hospitals  
**Start Date:** 07/01/2007

<b>Training Status:</b>	Completed		
<b>Clinical %:</b>	50	<b>Administrative %:</b>	50
<b>Hospital Name:</b>	<b>University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine Program San Antonio, TX UNITED STATES</b>	<b>Program Code:</b>	ACGME 2204821292
		<b>Attendance Dates:</b>	
<b>Institution:</b>	University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine	<b>Start Date:</b>	07/01/2003
<b>Training Specialty:</b>	Obstetrics & Gynecology	<b>End Date:</b>	06/30/2004
		<b>Program Type:</b>	Internship
<b>Training Status:</b>	Completed		
<b>Clinical %:</b>	100	<b>Administrative %:</b>	0
<b>Hospital Name:</b>	<b>University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine Program San Antonio, TX UNITED STATES</b>	<b>Program Code:</b>	ACGME 2204821292
		<b>Attendance Dates:</b>	
<b>Institution:</b>	University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine	<b>Start Date:</b>	07/01/2004
<b>Training Specialty:</b>	Obstetrics & Gynecology	<b>End Date:</b>	06/30/2006
		<b>Program Type:</b>	Residency
<b>Training Status:</b>	Completed		
<b>Clinical %:</b>	100	<b>Administrative %:</b>	0
<b>Hospital Name:</b>	<b>University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine Program San Antonio, TX UNITED STATES</b>	<b>Program Code:</b>	ACGME 2204821292
		<b>Attendance Dates:</b>	
<b>Institution:</b>	University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine	<b>Start Date:</b>	07/01/2006
<b>Training Specialty:</b>	Obstetrics & Gynecology	<b>End Date:</b>	06/30/2007
		<b>Program Type:</b>	Residency
<b>Training Status:</b>	Completed		
<b>Clinical %:</b>	100	<b>Administrative %:</b>	0

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/27/2001	Pass	1
USMLE Step 2 CK Examination		07/18/2002	Pass	1
USMLE Step 3 Examination		08/03/2005	Pass	1

### State Licensure History

#### MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
North Carolina Medical Board	NC	2007-01124	07/05/2007	09/04/2009		Inactive
Texas Medical Board	TX	BP10010937	07/01/2003	11/16/2004	Training	Terminated
Texas Medical Board	TX	BP20019511	12/29/2004	06/30/2007	Training	Terminated
Rhode Island Board of Medical Licensure and Discipline	RI	MD13054	07/08/2009	06/30/2018	Full	
Texas Medical Board	TX	Q0758	06/27/2014	08/31/2022	Full	Active

#### Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

### Chronology of Activity Type

<b>Practice/Emp/ Desc:</b>	<b>University of Washington School of Medicine</b>	<b>Chronology Type:</b>	Medical Education
<b>Address:</b>	Seattle, WA US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>		<b>From:</b>	08/13/1999 to 06/13/2003
<b>Clinical %:</b>			
<b>Admin %:</b>			
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>	
<b>Practice/Emp/ Desc:</b>	<b>University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine Program</b>	<b>Chronology Type:</b>	Accredited Training
<b>Address:</b>	San Antonio, TX US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>		<b>From:</b>	07/01/2003 to 06/30/2004
<b>Clinical %:</b>	100		
<b>Admin %:</b>	0		
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>	
<b>Practice/Emp/ Desc:</b>	<b>University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine Program</b>	<b>Chronology Type:</b>	Accredited Training

US  
**Position/Dept:** **Attendance Dates:**  
**From:** 07/01/2004 to 06/30/2006  
**Clinical %:** 100  
**Admin %:** 0

**Employment:** **Staff Privileges:** **Affiliation:**  
**Practice/Emp/ Desc:** **University of Texas Health Science Center** **Chronology Type:** Accredited  
**San Antonio Joe and Teresa Lozano Long** **Training**  
**School of Medicine Program**  
**Address:** San Antonio, TX  
 US  
**Attendance Dates:**  
**Position/Dept:** **From:** 07/01/2006 to 06/30/2007  
**Clinical %:** 100  
**Admin %:** 0

**Employment:** **Staff Privileges:** **Affiliation:**  
**Practice/Emp/ Desc:** **University of North Carolina Hospitals** **Chronology Type:** Accredited  
**Program** **Training**  
**Address:** Chapel Hill, NC  
 US  
**Attendance Dates:**  
**Position/Dept:** **From:** 07/01/2007 to 06/30/2009  
**Clinical %:** 50  
**Admin %:** 50

**Employment:** **Staff Privileges:** **Affiliation:**  
**Practice/Emp/ Desc:** **Women and Infants Hospital, Brown** **Chronology Type:** Work  
**University**  
**Address:** 101 Dudley St  
 Providence, RI 02905  
 US  
**Attendance Dates:**  
**Position/Dept:** Assistant Professor - **From:** 07/01/2009 to 06/30/2013  
 Obstetrics & Gynecology  
**Clinical %:** 50  
**Admin %:** 50

**Employment:** • **Staff Privileges:** • **Affiliation:** •  
**Practice/Emp/ Desc:** **Awaiting Texas medical license** **Chronology Type:** Seeking  
**Employment**  
**Address:** **Attendance Dates:**  
**Position/Dept:** **From:** 07/01/2013 to 09/03/2014  
**Clinical %:** 0  
**Admin %:** 0

**Employment:** • **Staff Privileges:** • **Affiliation:** •  
**Practice/Emp/ Desc:** **Whole Woman's Health** **Chronology Type:** Work

San Antonio, TX 78222  
US

**Attendance Dates:**

**Position/Dept:** Physician - Outpatient clinic **From:** 09/04/2014 **to** 08/30/2016

**Clinical %:** 100

**Admin %:** 0

**Employment:** • **Staff Privileges:** • **Affiliation:** •

**Practice/Emp/ Desc:**

**University of Texas at Austin**

**Chronology Type:** Work

**Address:** 305 E 23rd St  
Austin, TX 78712  
US

**Attendance Dates:**

**Position/Dept:** Research Investigator -  
Population Research Center **From:** 09/01/2016 **to** 01/01/2017

**Clinical %:** 0

**Admin %:** 100

**Employment:** • **Staff Privileges:** • **Affiliation:** •

**Practice/Emp/ Desc:**

**Alamo Women's Reproductive Services**

**Chronology Type:** Work

**Address:** 7402 John Smith Dr  
San Antonio, TX 78229  
US

**Attendance Dates:**

**Position/Dept:** Physician - Outpatient clinic **From:** 01/02/2017 **to** In Progress

**Clinical %:** 100

**Admin %:** 0

**Employment:** • **Staff Privileges:** • **Affiliation:** •

**Malpractice**

**Patient Name:** Teresa Bushman  
**State Incident Occurred:** NC **Court:** settled out of court  
**Case Number:** **Insurance Carrier:** University of North Carolina Hospital System  
**Case Status:** Closed (Settled) **Date of Event:** 06/12/2008  
**Judgement/Settlement Amount:** 400000.00 **Amount Paid:** 400000.00  
**What is/was your status?** Primary Defendant **Date of Lawsuit:** 02/25/2010

**Provide specifics in reference to the event including the allegations and your role:**

As a fellow, I was primarily in charge of the care of a patient with post-menopausal bleeding. Ultrasound was suggestive of an intrauterine polyp. The patient was scheduled for hysteroscopy with polypectomy. The patient had a stenotic cervical os, yet I believed that I had successfully dilated the os, entered the intrauterine cavity and proceeded to resect the polyp. Upon being made aware of the hysteroscopic fluid deficit, I terminated the procedure, performed a laparoscopy and identified a uterine perforation. The gynecology oncology team ran the patient's bowel and elected to perform an end-to-end anastomosis to resect part of the bowel that may have had thermal damage. The patient recovered without incident, yet later went on to have a hysterectomy at the same hospital. The insurance carrier decided it was best to settle the case given the hysteroscopic fluid deficit instead of going to court. I was no longer at that institution as I had graduated and went along with that plan. I have had no other malpractice incidents before or after this event.

**PROFESSIONAL PRACTICE QUESTIONS** – Please answer all of the following Yes or No questions. If you answer YES to any question, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1.	Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.	Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.	Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4.	Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.	Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6.	Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7.	Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8.	Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.	Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10.	a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason except for medical records delinquency unrelated to your professional competence or conduct?  b. Have you ever agreed not to exercise your clinical privileges while under investigation?  c. Have you ever been investigated and / or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.	Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12.	a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?  b. Are any currently held licenses pending investigation or being challenged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
13.	Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14.	Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

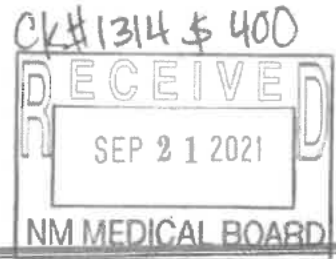
**Applicant Name:** VINITA GOYAL

15.	<p>Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? <b>If yes, complete the Malpractice Liability Claims Information page in the online UA. Include the following information in the specifics area:</b></p> <ul style="list-style-type: none"> <li>• Name, age, sex of patient/claimant.</li> <li>• Date(s) and type of treatment and/or surgery, which led to the allegations against you.</li> <li>• Nature of allegations in claims/suits. Specify whether a suit was ever filed.</li> <li>• Names of other practitioners and hospital, if any, involved in claims or suit.</li> <li>• Disposition or current status of claim or suit (be specific).</li> <li>• Name of insurance carrier defending you.</li> <li>• Name of defense attorney.</li> </ul>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
16.	Have you ever been reported to the National Practitioner Data Bank?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
17.	<p>a. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</p> <p>b. Are you being treated with opiates for chronic pain? <b>If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</b></p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
18.	Do you have or have you been diagnosed with an illness or condition which impairs your judgement or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? <b>If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.</b>	[REDACTED]
19.	<p>Have you ever, for any reason:</p> <p>a. Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b. Withdrawn from a medical school or postgraduate training program?</p> <p>c. Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d. Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e. Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
20.	I attest that I will limit my practice to areas in which I am competent to practice.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21.	Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or in any other state?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**If you answer YES to any question except for Question 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.**

**Applicant Name:** VINITA GOYAL

New Mexico Medical Board  
2055 S. Pacheco St. Bldg. 400  
Santa Fe, NM 87505 (505) 476-7220



**APPLICANT'S OATH**

I, VINITA GOYAL, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



Vinita Goyal  
Applicant Signature

9/17/21  
Date

\*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name VINITA GOYAL

Date 9/17/21

UA

UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

Affidavit and Authorization for Release of Information

Applicant: Follow the instructions in the left sidebar. Send this to the state board you are applying to for licensure, NOT to FCVS/FSMB.

Applicant:

This is a separate form from the FCVS affidavit and release.

If you are using FCVS, you must complete both FCVS and UA affidavits. Send the FCVS affidavit to FCVS.

Sign this form with attached photo in the presence of a notary public.

Send this notarized affidavit to the board you are applying to for licensure. See http://www.fsmb.org/policy/contacts for a directory of state medical boards.

DO NOT SEND THIS FORM TO FCVS/FSMB. Doing so will delay your licensure process.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



Vinita Goyal

Applicant's signature (must be signed in the presence of a notary)

Goyal

Applicant's printed last name

Vinita

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

09/02/2021

Date of signature (must correspond to date of notarization)



after folding the bottom portion upward, bring the new bottom edge to the top edge and hold to it

Completed via Remote Online Notarization using two-way audio-video technology

Notary

State of Virginia, County of Virginia Beach

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 02 day of September, 2021.

Notary Public Signature: Carmen Vinita Harris

(NOTARY PUBLIC SEAL)

My Notary Commission Expires: 01/31/2024

State Boards: New Mexico (Medical)



### Malpractice History

Provider Name: VINITA GOYAL

Please **DUPLICATE** this form and complete for **EACH** case.

1. Patient Name: Teresa Bushman
2. Diagnosis: Abnormal uterine bleeding, endometrial polyp, underwent dilation and curettage, hysteroscopy for planned polypectomy
3. Your involvement in the case, i.e... Attending, Consulting, Etc.: First year fellow serving as Attending
4. Allegation(s): negligence from uterine perforation leading to bowel injury
5. Clinical Case Summary: Please see attached document for complete details.
6. Patient Outcome: please see attached document
7. Other pertinent details: Please see attached document
8. Date of incident: 06/12/2009 Date filed: 02/26/2010  
Date closed: 11/23/2010
9. Resolution of case, i.e. Dismissed, Settled Out of Court, Litigated, Pending, Other: settled out of court
10. Settlement amount paid on your behalf (if any): \$400,000
11. Professional liability insurer involved: University of North Carolina Liability Insurance Trust Fund  
a. Name of Insurer: same as above  
b. Address of Insurer: 101 Manning Dr. 4th fl Wing E
12. Defense attorney: Anna King

Vinita Goyal  
Signature

9/17/21  
Date

This attorney claim involves a then 47 year old female, para 0-0-2-0 with a history of hypothyroidism, fibromyalgia and a previous hysteroscopy, dilation and curettage for suspected endometrial polyp in 2002. She was seen by Dr. Goyal on 5/6/2008 in the University of North Carolina (UNC) GYN clinic for evaluation of abnormal bleeding. She had a transvaginal ultrasound which demonstrated a suspected endometrial polyp. She was offered the option of further characterization of the polyp with saline infused sonohysterogram or surgery including hysteroscopy, dilation and curettage and polypectomy. She elected to proceed with surgery and "the risks of infection, bleeding, hemorrhage requiring blood transfusion, damage to surrounding organs including bowel and bladder, uterine perforation, hysterectomy, abdominal incision, need for further procedure were discussed with the patient" prior to consent.

On 6/12/2008 she underwent a hysteroscopy performed by Dr. Goyal to remove the endometrial polyp. Dr. Goyal was of the opinion that the patient had a difficult anatomy due to a stenotic os and extreme uterine antelexion, yet she felt she was ultimately able to enter the intrauterine cavity. A fluid deficit was noted, but Dr. Goyal believed the quantity of fluid deficit could be inaccurate given spillage of hysteroscopic fluid outside the collecting container. She believed she identified the intrauterine polyp and proceeded with resection. When the fluid deficit was larger than could be accounted for by spillage of hysteroscopic fluid, she stopped hysteroscopy and performed a diagnostic laparoscopy. Given the suspected appearance of damage to the rectosigmoid colon, she called for assistance from Gynecologic Oncology. Her calls for help were responded to promptly. Gynecologic Oncology immediately performed an exploratory laparotomy, evaluated the patient's bowel, and noted rectosigmoid bowel deserosalization and thermal injury. The patient then underwent an exploratory laparotomy with sigmoid resection and primary end-to-end anastomosis. Post-operatively the patient did well. She was discharged home on post operative day number seven.

On 6/22/2008 the patient was readmitted to UNC Hospital with complaints of drainage from her abdominal incision. She underwent wound exploration and received intravenous antibiotics. Her wound improved and she was taught home wound management with twice a day dressing changes. The decision was made to not continue out-patient antibiotics due to her multiple drug allergies. She was discharged home on hospital day three.

The patient continued to have problems with abnormal bleeding. On 3/19/2009, she underwent an attempted hysteroscopy with another physician at UNC which was aborted due to the severe anteversion of her uterus. On 7/16/2009 the patient underwent a total laparoscopic hysterectomy with extensive lysis of adhesions without complications.

Risk management was notified of the surgical complications the day of the initial surgery. The complications were reviewed at Morbidity and Mortality conference. In retrospect, Dr. Goyal's impression was that she perforated the posterior portion of a very stenotic cervix, created a false tract for the hysteroscope, and on visualization with the hysteroscope believed that what she thought was the intrauterine cavity was actually the uterine-ovarian fossa. What she believed was a polyp was an aspect of the ovarian ligament. Dr. Goyal felt comfortable with hysteroscopy having done approximately 50 procedures during her residency. Dr. Goyal completed her fellowship training at UNC on 6/30/2009. Prior to and since this incident, she has repeatedly performed this procedure without complications.

UNC Risk Management received an attorney claim packet on 2/26/2010. The attorney alleged negligence during the performance of the 6/12/2008 surgical procedures resulting in serious and permanent injuries to the patient, namely gastrointestinal injury causing alternating constipation and diarrhea. Notably, the patient had these complaints prior to her initial surgery and had a normal gastrointestinal evaluation, including endoscopy and colonoscopy, following the surgery.

Internal reviews opined there would be difficulty in defending some aspects of care. Although uterine perforation is a risk of the procedure, the documentation supports that Dr. Goyal had trouble entering the uterus, did not recognize she had perforated the uterine cavity given the difficult anatomy, and used electrocautery which resulted in a thermal burn to the bowel. Once the uterine perforation was evident, Dr. Goyal responded appropriately. The fluid deficit is a shared obligation of physician and OR staff, but it was felt that the documented two-liter fluid deficit would be difficult to defend. The claim was settled on November 23, 2010. A single payment of \$400,000 was made to the patient and her attorney with 100% allocation to Dr. Goyal.



# AMA Physician Profile

PREPARED FOR  
New Mexico Medical Board, Santa Fe, NM

**Name and Mailing Address**

VINITA GOYAL  
ALAMO WOMEN'S REPRODUCTIVE SERVICES  
7402 JOHN SMITH DR STE 101  
SAN ANTONIO, TX 78229-4588

**Primary Office Address**

SAME AS MAILING ADDRESS

**Phone** UNKNOWN

**Birth date** 07/03/1975

**Physician's major professional activity**

MEDICAL TEACHING

**Self-designated practice specialty**

OBSTETRICS & GYNECOLOGY (primary)  
UNSPECIFIED (secondary)

*Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership status** NON MEMBER

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All information from this point forward is provided by the primary source

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1346448313	07/11/2007	NOT RPTD	NOT RPTD	NOT RPTD	09/17/2021

**Current and/or historical medical school**

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

**Degree Awarded:** YES  
**Degree Year:** 2003



**Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)**

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

*If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.*

**Sponsoring Institution:** UNIVERSITY OF TEXAS SCHOOL OF MEDICINE AT SAN ANTONIO  
**Sponsoring State:** TEXAS  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Training Type:**  
**Dates:** 7/2003 - 6/2007 (Verified)

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0**

**Specialty Board Certification**

*Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:*

*The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.*

**Certifying board:** AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY  
**Certificate:** OBSTETRICS & GYNECOLOGY  
**Certificate type:** GENERAL



Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	12/31/2020	12/31/2021		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2019	12/31/2020		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2018	12/31/2019		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2017	12/31/2018		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2016	12/31/2017		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2015	12/31/2016		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2014	12/31/2015		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2013	12/31/2014		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/16/2012	12/31/2014		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2011	12/31/2014		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2010	12/31/2014		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	12/31/2009	12/31/2014		RE-CERT	09/21/2021	Y
TIME LIMITED	Expired	11/07/2008	12/31/2014		INITIAL	09/21/2021	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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#### Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
Q0758	MD	TX	06/27/2014	08/31/2022	08/26/2014	ACT	UNL	09/06/2021	VINITA GOYAL



License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
MD13054	MD	RI	07/08/2009	06/30/2018		INA	UNL	07/02/2018	NRT
2007-01124	MD	NC	07/05/2007	09/04/2009		INA	UNL	09/20/2021	Vinita Goyal

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

### Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

### U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
----052	C-0	22N 33N 4 5	Active	09/30/2021	Paid	09/10/2021	Alamo Women's Reproductive Services 7402 John Smith Dr Ste 101 San Antonio, TX 78229-4588

\* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more](#) about Business Activity code-subcode combinations.

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

### ECFMG Certification

Applicant Number:



*The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>*

## **Profile Information**

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

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**PRACTITIONER PROFILE**

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Prepared for: New Mexico Medical Board As of Date:9/23/2021

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**PRACTITIONER INFORMATION**

Name: Goyal, Vinita  
 DOB: 7/3/1975  
 Medical School: University of Washington School of Medicine  
 Seattle, Washington, UNITED STATES  
 Year of Grad: 2003  
 Degree Type: MD

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**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB

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**NATIONAL PROVIDER IDENTIFIER (NPI)**

No NPI found.

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**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NORTH CAROLINA	2007-01124	07/05/2007	09/04/2009	09/14/2021
RHODE ISLAND	MD13054	07/08/2009	06/30/2018	08/30/2021
TEXAS	BP10010937	07/01/2003	11/16/2004	09/01/2021
TEXAS	BP20019511	12/29/2004	06/30/2007	09/01/2021
TEXAS	Q0758	06/27/2014	08/31/2022	09/01/2021

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**ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
FG1577052	22N 33N 4 5	SAN ANTONIO, TX 78229	09/30/2021	09/07/2021

**PRACTITIONER PROFILE**

Prepared for: New Mexico Medical Board As of Date:9/23/2021  
 Practitioner Name: Goyal, Vinita

**ABMS® CERTIFICATION HISTORY**

Certifying Board: American Board of Obstetrics and Gynecology  
 Certificate: Obstetrics and Gynecology  
 Certification Type: General  
 Certification Status: Certified  
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2020	12/31/2021		Recertification	08/26/2021
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	08/26/2021
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	08/26/2021
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	08/26/2021
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	08/26/2021
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	08/26/2021
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	08/26/2021
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	08/26/2021
Expired	Time Limited	12/16/2012	12/31/2014		Recertification	08/26/2021
Expired	Time Limited	12/31/2011	12/31/2014		Recertification	08/26/2021
Expired	Time Limited	12/31/2010	12/31/2014		Recertification	08/26/2021
Expired	Time Limited	12/31/2009	12/31/2014		Recertification	08/26/2021
Expired	Time Limited	11/07/2008	12/31/2014		Initial	08/26/2021

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

Licensee General Information

Practice Information

Education,  
Certifications,  
& Area of Practice

Memberships,  
Honors, Awards  
& Public Service

Academic Appointments  
& Publications

Actions - Adverse  
& Administrative

Malpractice

Convictions

## Licensee Information

Vinita Goyal - MD

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**License #:**

2007-01124

**License Status:**

Inactive

**Public Action:**

No

**Issue Date:**

07/05/2007

**Expire Date:**

09/04/2009

**Licensee Limitations**

None

### Active Supervisees

Name	Type	Status	Approved
None Reported			

### North Carolina Hospital Admitting Privileges

#### Location

University of North Carolina Hospitals

### Out of State Active/Inactive Licenses

#### State

None Reported

### Out of Country Active/Inactive Licenses

#### Country

None Reported

Information loaded from this database is current as of 10/15/2021 7:37:01 PM

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VINITA GOYAL

License No:	MD13054	Profession:	Physician	License Type:	Allopathic Physician (MD)
License Status:	Expired - Must Reinstate	Issue Date:	7/8/2009	Expiration Date:	6/30/2018
Secondary License Type:					

Education Information

School Name:	University of Washington (state) School of Med	Graduated:	6/13/2003
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Specialty Information

OBSTETRICS + GYNECOLOGY
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Disciplinary Action

**Disclaimer:** The individual license information on the Licensee Lookup displays only the current license status (e.g., Active, Active Probation, Suspended, Revoked). For the disciplinary history of any individual licensee, please click on the link for the specific profession and then on the Disciplinary Actions link available on each professional board's webpage.

See Board Disciplinary Listings at <http://www.health.ri.gov/lists/disciplinaryactions>

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# Texas Medical Board

Texas Physician Assistant Board  
Healthcare Provider Verification / Profile

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## Physician-in-Training Permit

**NAME:** VINITA GOYAL

**LICENSE:** BP10010937

**INFORMATION CURRENT AS OF:** 10/15/2021

**CURRENT STATUS:** PERMIT TERMINATED

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

### Verified Information

**Year of Birth:** 1975

**License Number:** BP10010937 Physician-in-Training Permit

**Begin Date:** 07/01/2003

**Expiration Date:** 12/28/2004

**Current Status:** PERMIT TERMINATED as of 11/16/2004

**Disciplinary Restrictions:** NONE

**Non-Disciplinary Restrictions:** NONE

**Specialties:**

### Current Board Action

NONE

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

### Self Reported Information

**Gender:** FEMALE

**Current Primary Practice Address:**

7402 JOHN SMITH DR  
SAN ANTONIO, TX 78229

 **Education**

 **Summary of all Licenses**

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Please contact the TMB Call Center at (512) 305-7030 for assistance.



# Texas Medical Board

Texas Physician Assistant Board  
Healthcare Provider Verification / Profile

[Search](#) [Back](#) [Print Verification](#)

## Physician-in-Training Permit

**NAME:** VINITA GOYAL

**LICENSE:** BP20019511

**INFORMATION CURRENT AS OF:** 10/15/2021

**CURRENT STATUS:** PERMIT TERMINATED

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

### Verified Information

**Year of Birth:** 1975

**License Number:** BP20019511 Physician-in-Training Permit

**Begin Date:** 12/29/2004

**Expiration Date:** 06/30/2007

**Current Status:** PERMIT TERMINATED as of 06/30/2007

**Disciplinary Restrictions:** NONE

**Non-Disciplinary Restrictions:** NONE

**Specialties:**

### Current Board Action

NONE

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

### Self Reported Information





# Texas Medical Board

Texas Physician Assistant Board  
Healthcare Provider Verification / Profile

[Search](#) [Back](#) [Print Verification](#)

## Physician License

**NAME:** VINITA GOYAL, MD

**LICENSE:** Q0758

**INFORMATION CURRENT AS OF:** 10/15/2021

**CURRENT STATUS:** ACTIVE

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

### Verified Information

**Year of Birth:** 1975

**License Number:** Q0758 Physician License

**Issuance Date:** 06/27/2014

**Expiration Date:** 08/31/2022

**Current Status:** ACTIVE as of 08/26/2014

**Disciplinary Restrictions:** NONE

**Non-Disciplinary Restrictions:** NONE

**Specialties:**

**School of Graduation:**

UNIV OF WASHINGTON SCH OF MED, SEATTLE 2003

### Current Board Action

NONE

### Medical Malpractice Investigations

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

**Self Reported Information**

**Gender:** FEMALE

**Current Primary Practice Address:**

7402 JOHN SMITH DR  
SAN ANTONIO, TX 78229

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

17 year(s)

**Years of Active Practice in Texas:**

10 year(s)

- Specialty Board Certification**
- Specialties**
- Education**
- Hospital Privileges**
- Utilization Review**
- Patient Services**
- Awards, Honors, Publications**
- Malpractice Information**
- Criminal History**
- Non-TMB Disciplinary Actions**
- Physician Assistant Supervision**
- Advanced Practice Nurse Delegation**
- Summary of all Licenses**



**New Mexico Medical Board  
 Medical Doctor Renewal Application  
 Application Number: IA-0000195088**



**Person Information**

**Demographic Information**

First Name: Vinita	Last Name: Goyal
Middle Name:	Email: [REDACTED]
Phone: [REDACTED]	License Number: MD2021-1077
DEA: [REDACTED]	
Are you currently employed or practicing?	Yes
Are you currently physically practicing in New Mexico?	Yes

**Business Address Information**

Street: Alamo Women's Clinic 10151 Montgomery Blvd NE, Bldg3,UnitB	City: Albuquerque
State/Province: NM	Zip Code: 87111
Country: US	

**Personal Address Information**

Street: [REDACTED]	City: [REDACTED]
State/Province: NM	Zip Code: [REDACTED]
Country: US	

**Specialty Board**

Specialty: Obstetrics and Gynecology	Subspecialty: Complex Family Planning
Certification Number: [REDACTED]	Date Certified: 11/07/2008
Date Last Recertified: 11/15/2024	Expiration Date: 12/31/2025

**Continuing Medical Education**

Since my last renewal, I have completed a minimum of 75 AMA Category 1 of continuing medical education (CME) hours as required by Board Rule 16.10.4.8 NMAC.	Yes
Since my last renewal, I have either completed 5 hours of CME in Pain Management, as required by Board Rule 16.10.14.11 NMAC, OR I do NOT hold a NM controlled substance registration.	Yes
Since my last renewal, I have spent 1 hour reviewing the Board's Rules, as required by Board Rule 16.10.4.8 NMAC.	Yes
No records to display.	

**Professional Practice Questions**

- 1 Regardless of the outcome, have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)? No
- 2 Is any license you now hold under investigation or being challenged? No



**New Mexico Medical Board**  
**Medical Doctor Renewal Application**  
**Application Number: IA-0000195088**



- 3 Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization? No
- 4 Has a federal or state-controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked? No
- 5 For any reason, have your privileges at any healthcare entity ever been subject to an investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges? No
- 6 Have you ever agreed to limit or not to exercise your clinical privileges while under investigation? No
- 7 Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action? No
- 8 Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff? No
- 9 Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider? No
- 10 Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians? No
- 11 Have you ever been denied professional liability insurance coverage? No
- 12 Has your professional liability insurance carrier ever excluded any procedures from your coverage? No
- 13 Within the past ten (10) years, have you been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit,? If yes, please complete the attached Malpractice History form (link to form) for each case. No
- 14 Have you ever been reported to the National Practitioner Data Bank (NPDB)? No
- 15 Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed? No
- 16 In the past five years, have you been mandatorily enrolled in a Physician Health Program or have you been told that to maintain your license you must enroll in a PHP? ■
- 17 Are you currently out of compliance with a judgment and order for child support in New Mexico? No

**Payment**

<b>Fee Name</b>	<b>Fee Amount</b>
Renewal Fee	450.00
Impaired Physician Fee	150.00
<b>Total fee amount:</b>	<b>600.00</b>

**Uploaded Documents**

<b>Malpractice History Form</b>	No files to display.
<b>Other Supporting Documents</b>	No files to display.