



MANAL M SCHOELLERMAN

License Number: ME113049

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 06/01/1997
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

MANAL M SCHOELLERMAN
19020 33RD AVE W
STE 210
LYNNWOOD, WA 98036

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
ANAHEIM REGIONAL MEDICAL CENTER	ANAHEIM	CALIFORNIA
MAD RIVER COMMUNITY HOSPITAL	ARCATA	CALIFORNIA
SCRIPPS MEMORIAL HOSPITAL-CHULA VISTA	CHULA VISTA	CALIFORNIA
SCRIPPS MEMORIAL HOSP-ENCINITAS	ENCINITAS	CALIFORNIA
PALOMAR MEDICAL CENTER	ESCONDIDO	CALIFORNIA
SIERRA NEVADA MEM HOSP	GRASS VALLEY	CALIFORNIA
HEALDSBURG DISTRICT HOSP	HEALDSBURG	CALIFORNIA
CENTINELA HOSP MED CTR	INGLEWOOD	CALIFORNIA
GREEN HOSP OF SCRIPPS CLINIC	LA JOLLA	CALIFORNIA
SCRIPPS MEM HOSP-LA JOLLA	LA JOLLA	CALIFORNIA
SADDLEBACK MEM MED CTR	LAGUNA HILLS	CALIFORNIA
LAKEWOOD REG MED CTR	LAKEWOOD	CALIFORNIA
LOMPOC VALLEY MED CTR	LOMPOC	CALIFORNIA
PACIFIC ALLIANCE MED CTR	LOS ANGELES	CALIFORNIA
MADERA COMM HOSP	MADERA	CALIFORNIA
MISSION HOSP REG MED CTR	MISSION VIEJO	CALIFORNIA
TRI-CITY MED CTR	OCEANSIDE	CALIFORNIA
UNIV OF CA, IRVINE MED CTR	ORANGE	CALIFORNIA
PETALUMA VALLEY HOSP	PETALUMA	CALIFORNIA
POMERADO HOSP	POWAY	CALIFORNIA
ALVARADO HOSP MED CTR	SAN DIEGO	CALIFORNIA
MERCY HOSP AND MED CTR	SAN DIEGO	CALIFORNIA
SAN DIMAS COMM HOSP	SAN DIMAS	CALIFORNIA

Institution Name	City	State
SANTA ROSA MEM HOSP	SANTA ROSA	CALIFORNIA
TEHACHAPI HOSP	TEHACHAPI	CALIFORNIA
TULARE REG MED CTR	TULARE	CALIFORNIA
UKIAH VALLEY MED CTR	UKIAH	CALIFORNIA
KAWEAH DELTA HEALTHCARE DISTRICT	VISALIA	CALIFORNIA
DEARBORN CTY HOSP	LAWRENCEBURG	INDIANA
SOUTHEASTERN OHIO REG MED CTR	CAMBRIDGE	OHIO
THE CHRIST HOSPITAL	CINCINNATI	OHIO
COSHOCTON CTY MEM HOSP	COSHOCTON	OHIO
MOUNTAIN VIEW HOSP DISTRICT	MADRAS	OREGON
TILLAMOOK CTY GEN HOSP	TILLAMOOK	OREGON
TRI-CITY REG MED CTR	HAWAIIAN GARDEN	CALIFORNIA
MARSHALL MED CTR	PLACERVILLE	CALIFORNIA
KINDRED HOSP	LA MIRADA	CALIFORNIA
COMM MEM HOSP OF SAN	VENTURA	CALIFORNIA
ST. HELENA HOSP CLEARLAKE	CLEARLAKE	CALIFORNIA
SUTTER MED CTR OF SANTA ROSA	SANTA ROSA	CALIFORNIA
SUTTER ROSEVILLE MED CTR	ROSEVILLE	CALIFORNIA
SUTTER DAVIS HOSP	DAVIS	CALIFORNIA
SUTTER MED CTRY SACRAMENTO	SACRAMENTO	CALIFORNIA
MARINA DEL REY HOSP	MARINA DEL REY	CALIFORNIA
SUTTER AUBURN FAITH HOSP	AUBURN	CALIFORNIA
OLYMPIA MED CTR	LOS ANGELES	CALIFORNIA
BUTLER CTY MED CTR	HAMILTON	OHIO
ORANGE COAST MEM MED CTR	FOUNTAIN VALLEY	CALIFORNIA

Email Address

Please contact at: licensing@radiax.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL
MICHIGAN	MEDICAL
OHIO	MEDICAL
ILLINOIS	MEDICAL
PENNSYLVANIA	MEDICAL
INDIANA	MEDICAL
OREGON	MEDICAL
KANSAS	MEDICAL

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF CALIFORNIA-IRVINE	MD	8/1/1993 - 6/1/1997	06/14/1997

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF CALIFORNIA-IRVINE	IRVINE	CALIFORNIA	09/01/1989	06/01/1993	BS - BACHELOR OF SCIENCE

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL	INTERNSHIP	IM - INTERNAL MEDICINE		ORANGE	CALIFORNIA	06/01/1997	06/01/1998
UNIVERSITY OF CALIFORNIA IRVINE MED	RESIDENCY	RADIOLOGY		ORANGE	CALIFORNIA	07/01/1998	06/01/2002
UNIVERSITY OF CALIFORNIA SAN DIEGO	FELLOWSHIP	OTHER	MAGNETIC RESONANCE IMAGING	SAN DIEGO	CALIFORNIA	07/01/2002	06/01/2003

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF RADIOLOGY	RADIOLOGY	01/01/2002

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.
