



JULIE LIEN WEI

License Number: ME115919

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1996
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

JULIE LIEN WEI
215 W. BOWERY ST
AKRON, OH 44308

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
AKRON CHILDREN'S HOSPITAL	AKRON	OHIO
CINCINNATI CHILDREN'S HOSPITAL	CINCINNATI	OHIO

Email Address

Please contact at: julielwei@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
KANSAS	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
OHIO	DOCTOR OF MEDICINE

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
CORNELL UNIVERSITY	BACHELOR D	8/1/1988 - 5/1/1992	05/01/1992
NEW YORK MEDICAL COLLEGE	MD	6/1/1992 - 5/1/1996	05/01/1996

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
CARNEGIE MELLON UNIVERSITY	PITTSBURGH	UNITED STATES	08/01/2021	05/01/2023	MBA ADMINISTRATION & MANAGEMENT OF HEALTH

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
OTOLARYNGOLOGY - HEAD AND NECK RESIDENCY	RESIDENCY	OTO - OTOLARYNGOLOGY		ROCHESTER	MINNESOTA	06/29/1996	06/29/2001
PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP	FELLOWSHIP	OTO - PEDIATRIC OTOLARYNGOLOGY		CHICAGO	ILLINOIS	07/01/2001	07/01/2003

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSOCIATE PROFESSOR, OTOLARYNGOLOGY-HEAD NECK SURGERY	UNIVERSITY OF KANSAS SCHOOL OF MEDICINE	KANSAS CITY	KANSAS
PROFESSOR	NORTHEASTERN OHIO UNIVERSITIES COLLEGE O	AKRON	OHIO
PROFESSOR	UNIVERSITY OF CINCINNATI COLLEGE OF MEDI	CINCINNATI	OHIO

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 OTOLARYNGOLOGY	OTO - PEDIATRIC OTOLARYNGOLOGY	05/29/2002

Financial Responsibility

Financial Responsibility

Financial Exemption

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.

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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
			04/24/2017	\$175,000.00	\$0.00

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

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

MANDARIN

Other Affiliations

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