# **RAJVEE MANOJ SHAH**

# License Number: ME119607

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/2007License Expiration01/31/2026DateClear

# **General Information**

## **Primary Practice Address**

RAJVEE MANOJ SHAH 13333 NORTHWEST FWY SUITE 540 HOUSTON, TX 77040

## 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
NUMEROUS FACILITIES IN VARIOUS STATES	DALLAS	TEXAS

## **Email Address**

Please contact at: rajveeshah78@hotmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
IOWA	
LOUISIANA	
ARKANSAS	
PENNSYLVANIA	
MICHIGAN	
MASSACHUSETTS	
ARIZONA	MD
TEXAS	MD
NEBRASKA	MD
OKLAHOMA	MD
NEW YORK	MD
KANSAS	MD
TENNESSEE	MD
COLORADO	MD
MISSISSIPPI	MD
NORTH CAROLINA	MD

State	Profession
MISSOURI	MD
ILLINOIS	MD
VIRGINIA	MD
SOUTH CAROLINA	MD
HAWAII	MD
MARYLAND	MD
GEORGIA	MD
WASHINGTON	MD
NEW MEXICO	MD
ALASKA	MD
INDIANA	MD
ALABAMA	MD
NEW HAMPSHIRE	MD
OHIO	MD
WEST VIRGINIA	MD
NEW JERSEY	MD
KENTUCKY	MD
UTAH	MD
WISCONSIN	MD
OREGON	MD
IDAHO	MD
CALIFORNIA	MD
NEVADA	MD
MAINE	MD
MINNESOTA	MD
VERMONT	MD
WYOMING	MD

# 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF MISSOURI KANSAS CITY SCHOOL OF MEDICINE	MD	8/1/1996 - 5/1/2002	05/31/2002
UNIVERSITY OF MISSOURI KANSAS CITY SCHOOL OF MEDICINE	BA	8/1/1996 - 5/1/2002	05/31/2002

## **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

# **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 MISSOURI KANSAS CITY	INTERNSHIP	IM - INTERNAL MEDICINE		KANSAS CITY	MISSOURI	07/01/2002	06/30/2003
UNIV. OF TEXAS HEALTH SCIENCE CTR AT SAN ANTONIO	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		SAN ANTONIO	TEXAS	07/01/2003	06/30/2007
CHILDREN'S HOSPITAL BOSTON	FELLOWSHIF	P DR - PEDIATRIC RADIOLOGY		BOSTON	MASSACHUSETTS	07/01/2007	06/30/2008

# 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 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	DR - DIAGNOSTIC RADIOLOGY	06/06/2007
AMERICAN BOARD OF RADIOLOGY	DR - PEDIATRIC RADIOLOGY	12/01/2010

# 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**

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## **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**