

**KRISTIN LEIGH CASEY**

License Number: ME127032

Profession Medical Doctor
License Status VOL RELINQ/
Year Began Practicing 01/01/2006
License Expiration 01/31/2020
Date

General Information**Primary Practice Address**

KRISTIN LEIGH CASEY
12801 HACIENDA RIDGE
AUSTIN, TX 78738

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
HEART OF TEXAS MEMORIAL HOSPITAL	BRADY	TEXAS
LRAAN GENERAL HOSPITAL	IRAAN	TEXAS
CULBERSON HOSPITAL	VAN HORN	TEXAS
REFUGIO COUNTY MEMORIAL HOSPITAL	REFUGIO	TEXAS
NOCONA GENERAL HOSPITAL	NOCONA	TEXAS
SABINE COUNTY HOSPITAL	HEMPHILL	TEXAS
WINKLER COUNTY MEMORIAL HOSPITAL	KERMIT	TEXAS
SAINT MARKS MEDICAL CENTER	LA GRANGE	TEXAS
OTTO KAISER MEMORIAL HOSPITAL	KENEDY	TEXAS
SOUTH TEXAS REGIONAL MEDICAL CENTER	JOURDANTON	TEXAS
LAKEWAY REGIONAL MEDICAL CENTER	AUSTIN	TEXAS
GUADALUPE REGIONAL MEDICAL CENTER	SEGUIN	TEXAS
ST. DAVIDS MEDICAL CENTER	AUSTIN	TEXAS
BASIN HEALTHCARE CENTER	ODESSA	TEXAS
LIFECARE HOSPITALS OF SAN ANTONIO	SAN ANTONIO	TEXAS
CIMARRON MEMORIAL HOSPITAL	BOISE CITY	OKLAHOMA
WARD MEMORIAL HOSPITAL	MONAHANS	TEXAS
FOREST PARK MEDICAL CENTER SAN ANTONIO	SAN ANTONIO	TEXAS
LILLIAN M HUDSPETH MEMORIAL HOSPITAL	SONORA	TEXAS
KIMBLE HOSPITAL	JUNCTION	TEXAS
WARD MEMORIAL HOSPITAL	MONAHANS	TEXAS
WARM SPRINGS SPEC HOSP OF NEW BRAUNFELS	NEW BRAUNFELS	TEXAS
SOUTH TEXAS REHAB HOSPITAL	BROWNSVILLE	TEXAS
NEW BRAUNFELS REGIONAL REHAB HOSPITAL	NEW BRAUNFELS	TEXAS

Email Address

Please contact at: krlcasey@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
OKLAHOMA	MEDICAL DOCTOR
IOWA	MEDICAL DOCTOR
LOUISIANA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
MONTANA	MEDICAL DOCTOR

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 not indicated whether 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 TEXAS MEDICAL BRANCH SCHOOL OF MEDICINE	MD	6/3/2006 - 6/3/2006	08/26/2002

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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
THE UNIV OF TX HEALTH SCIENCE CTR	INTERNSHIP	IFP - INTERNAL MEDICINE/FAMILY PRACTICE		HOUSTON	TEXAS	07/01/2006	06/30/2007
UNIVERSITY OF TEXAS MEDICAL BRANCH	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		GALVESTON	TEXAS	07/01/2007	06/30/2011
THE UNIVERSITY OF TEXAS MEDICAL BRANCH	FELLOWSHIP	NRN - NEUROLOGY/DIAGNOSTIC RADIOLOGY/NEU		GALVESTON	TEXAS	07/01/2011	06/30/2012

Academic Appointments

Graduate Medical Education

This practitioner has 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	07/01/2011

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.