IRENE VICTORIA PEREZ YOUNG

License Number: ME134804

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 07/01/1990
License Expiration 01/31/2026

Date

General Information

Primary Practice Address

IRENE VICTORIA PEREZ YOUNG 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
TELERADIOLOGY VARIOUS STATES	TELERADIOLOGY VARIOUS CITIES	TEXAS

Email Address

Please contact at: irene.perezyoung@radpartners.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	PHYSICIAN
MICHIGAN	PHYSICIAN
TEXAS	MD TRAINING
TEXAS	PHYSICIAN TEMP
ALABAMA	MD
ALASKA	MD
ARIZONA	MD
CALIFORNIA	MD
COLORADO	MD
CONNECTICUT	MD
DELAWARE	MD
GEORGIA	MD
ILLINOIS	MD
INDIANA	MD
IOWA	MD
KENTUCKY	MD

MARYLAND MD MASSACHUSETTS MD MICHIGAN MD MINNESOTA MD MISSISSIPPI MD MISSOURI MD NEVADA MD NEW HAMPSHIRE MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD VIRGINIA MD	State	Profession
MASSACHUSETTS MD MICHIGAN MD MINNESOTA MD MISSISSIPPI MD MISSOURI MD NEVADA MD NEW HAMPSHIRE MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD VIRGINIA MD VIRGINIA MD	LOUISIANA	MD
MICHIGAN MD MINNESOTA MD MISSISSIPPI MD MISSOURI MD NEVADA MD NEW HAMPSHIRE MD NEW WEXICO MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD VIRGINIA MD	MARYLAND	MD
MINNESOTA MD MISSISSIPPI MD MISSOURI MD NEVADA MD NEW HAMPSHIRE MD NEW WEXICO MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD VISCONSIN MD	MASSACHUSETTS	MD
MISSISSIPPI MD MISSOURI MD NEVADA MD NEW HAMPSHIRE MD NEW MEXICO MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD VIRGINIA MD WISCONSIN MD	MICHIGAN	MD
MISSOURI MD NEVADA MD NEW HAMPSHIRE MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	MINNESOTA	MD
NEVADA MD NEW HAMPSHIRE MD NEW MEXICO MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	MISSISSIPPI	MD
NEW HAMPSHIRE MD NEW MEXICO MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	MISSOURI	MD
NEW MEXICO MD NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	NEVADA	MD
NEW YORK MD NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	NEW HAMPSHIRE	MD
NORTH CAROLINA MD OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	NEW MEXICO	MD
OHIO MD OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	NEW YORK	MD
OKLAHOMA MD OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	NORTH CAROLINA	MD
OREGON MD PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	OHIO	MD
PENNSYLVANIA MD SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	OKLAHOMA	MD
SOUTH CAROLINA MD TENNESSEE MD VIRGINIA MD WISCONSIN MD	OREGON	MD
TENNESSEE MD VIRGINIA MD WISCONSIN MD	PENNSYLVANIA	MD
VIRGINIA MD WISCONSIN MD	SOUTH CAROLINA	MD
WISCONSIN MD	TENNESSEE	MD
	VIRGINIA	MD
WYOMING MD	WISCONSIN	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

Education and Training

Institution Name Degree Title Dates of Attendance Graduation Date
OTHER 4/1/1984 - 5/25/1990 05/25/1990

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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 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.

SPANISH

Other Affiliations

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