



## WARREN ISAKOW

License Number: ME137575

Profession Medical Doctor  
License Status Vol Relinquish/  
Year Began Practicing Not Provided  
License Expiration 01/31/2025  
Date

## General Information

### Primary Practice Address

WARREN ISAKOW  
ONE CITYPLACE DRIVE  
SUITE 570  
SAINT LOUIS, MO 63141

### 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
BARNES-JEWISH HOSPITAL	SAINT LOUIS	MISSOURI
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	ARIZONA
ARH ADVANCED CARE & BIG SANDY	SOUTH WILLIAMSON	KENTUCKY
ARH ADVANCED CARE & KENTUCKY RIVER	HAZARD	KENTUCKY
ARH OUR LADY OF THE WAY	MARTIN	KENTUCKY
ARMSTRONG COUNTY MEMORIAL HOSPITAL	KITTANNING	PENNSYLVANIA
ASCENSION NE WISCONSIN & MERCY CAMPUS	OSHKOSH	WISCONSIN
BAPTIST HEALTH CORBIN	CORBIN	KENTUCKY
BAPTIST HEALTH DEACONESS MADISONVILLE	MADISONVILLE	KENTUCKY
BARBOURVILLE ARH HOSPITAL	BARBOURVILLE	KENTUCKY
BECKLEY ARH HOSPITAL	BECKLEY	WEST VIRGINIA
CAROLINA PINES REGIONAL MEDICAL CENTER	HARTSVILLE	SOUTH CAROLINA
CENTRASTATE MEDICAL CENTER	FREEHOLD	NEW JERSEY
COX MEDICAL CENTER BRANSON	BRANSON	MISSOURI
CUMBERLAND MEDICAL CENTER	CROSSVILLE	TENNESSEE
EINSTEIN MEDICAL CENTER ELKINS PARK	ELKINS PARK	PENNSYLVANIA
FORT LOUDOUN MEDICAL CENTER	LENOIR CITY	TENNESSEE
FORT SANDERS REGIONAL MEDICAL CENTER	KNOXVILLE	TENNESSEE
HACKETTSTOWN MEDICAL CENTER	HACKETTSTOWN	NEW JERSEY
HAMPTON REGIONAL MEDICAL CENTER	VARNVILLE	SOUTH CAROLINA
HARLAN ARH HOSPITAL	HARLAN	KENTUCKY
HAZARD ARH REGIONAL MEDICAL CENTER	HAZARD	KENTUCKY
HICUITY HEALTH	ST. LOUIS	MISSOURI

Institution Name	City	State
HIGHLANDS ARH REGIONAL MEDICAL CENTER	PRESTONSBURG	KENTUCKY
HSBS ST. MARY'S HOSPITAL - DECATUR	DECATUR	ILLINOIS
KERSHAWHEALTH MEDICAL CENTER	CAMDEN	SOUTH CAROLINA
KNOX COMMUNITY HOSPITAL	MOUNT VERNON	OHIO
LANCASTER MEDICAL CENTER	LANCASTER	SOUTH CAROLINA
LECONTE MEDICAL CENTER	SEVIERVILLE	TENNESSEE
LINCOLNHEALTH	DAMARISCOTTA	MAINE
MARSHFIELD MEDICAL CENTER-WESTON	MARSHFIELD	WISCONSIN
MARY BRECKINRIDGE ARH HOSPITAL	HYDEN	KENTUCKY
MCDOWELL ARH HOSPITAL	MCDOWELL	KENTUCKY
MEADVILLE MEDICAL CENTER	MEADVILLE	PENNSYLVANIA
MEMORIAL HEALTHCARE	OWOSSO	MICHIGAN
MERCY MEDICAL CENTER MERCED	MERCED	CALIFORNIA
METHODIST MEDICAL CENTER OF OAK RIDGE	OAK RIDGE	TENNESSEE
MIDDLESBORO ARH HOSPITAL	MIDDLESBORO	KENTUCKY
MORGAN COUNTY ARH HOSPITAL	WEST LIBERTY	KENTUCKY
MORRISTOWN-HAMBLÉN HOSPITAL	MORRISTOWN	TENNESSEE
NEWTON MEDICAL CENTER	NEWTON	NEW JERSEY
NORTHERN DUTCHESS HOSPITAL	RHINEBECK	NEW YORK
PAINTSVILLE ARH HOSPITAL	PAINTSVILLE	KENTUCKY
PARKWEST MEDICAL CENTER	KNOXVILLE	TENNESSEE
PEN BAY MEDICAL CENTER	ROCKPORT	MAINE
PUTNAM HOSPITAL CENTER	CARMEL	NEW YORK
ROANE MEDICAL CENTER	HARRIMAN	TENNESSEE
ROPER ST. FRANCIS BERKELEY HOSPITAL	MONCK'S CORNER	SOUTH CAROLINA
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL	PLEASANT	SOUTH CAROLINA
SALEM REGIONAL MEDICAL CENTER	SALEM	OHIO
SARAH BUSH LINCOLN HEALTH CENTER	MATTOON	ILLINOIS
SHARON HOSPITAL	SHARON	CONNECTICUT
SOUTHERN OHIO MEDICAL CENTER	PORTSMOUTH	OHIO
ST. CLARE HOSPITAL - BARABOO	BARABOO	WISCONSIN
ST. ELIZABETH HEALTHCARE	EDGEWOOD	KENTUCKY
ST. MARY'S HOSPITAL - JEFFERSON CITY	JEFFERSON CITY	MISSOURI
ST. MARY'S HOSPITAL - CENTRALIA	CENTRALIA	ILLINOIS
ST. MARY'S HOSPITAL - JANESVILLE	JANESVILLE	WISCONSIN
ST. MARY'S REGIONAL MEDICAL CENTER	LEWISTON	MAINE
SUMMERS COUNTY ARH HOSPITAL	HINTON	WEST VIRGINIA
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	SHOW LOW	ARIZONA
TEXAS HEALTH HUGULEY HOSPITAL	BURLESON	TEXAS
THE REGIONAL MEDICAL CENTER	ORANGEBURG	SOUTH CAROLINA
TRUMAN MEDICAL CENTER HOSPITAL HILL	KANSAS CITY	MISSOURI
TUG VALLEY ARH REGIONAL MEDICAL CENTER	SOUTH WILLIAMSON	KENTUCKY
WALDO COUNTY GENERAL HOSPITAL	BELFAST	MAINE
WHITESBURG ARH HOSPITAL	WHITESBURG	KENTUCKY
WINCHESTER MEDICAL CENTER	WINCHESTER	VIRGINIA

## Email Address

Please contact at: [wisakow314@gmail.com](mailto:wisakow314@gmail.com)

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MISSOURI	MD
ARKANSAS	MD
NORTH CAROLINA	MD
MISSISSIPPI	MD
GEORGIA	MD
MAINE	MD
OHIO	MD
SOUTH CAROLINA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
ARIZONA	MD
CALIFORNIA	MD
CONNECTICUT	MD
IDAHO	MD
ILLINOIS	MD
INDIANA	MD
KANSAS	MD
KENTUCKY	MD
LOUISIANA	MD
MARYLAND	MD
MICHIGAN	MD
NORTH DAKOTA	MD
NEW JERSEY	MD
NEW YORK	MD
OREGON	MD
PENNSYLVANIA	MD
TEXAS	MD
VIRGINIA	MD
WISCONSIN	MD
WEST VIRGINIA	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
UNIVERSITY OF WITWATERSRAND		2/1/1993 - 12/2/1998	12/02/1998

## 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 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 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.