



## WAHEED JALALZAI

License Number: ME144080

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2028

## General Information

### Primary Practice Address

WAHEED JALALZAI  
31 SUNSET PARK LANE  
SUGAR LAND, TX 77479

### 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
BENSON HOSPITAL		
CANYON VISTA MEDICAL CENTER		
COBRE VALLEY REGIONAL MEDICAL CENTER		
COPPER QUEEN COMMUNITY HOSPITAL		
DOCTOR'S HOSPITAL OF LAREDO		
FORT DEFIANCE INDIAN HOSPITAL		
JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL		
MOUNTAIN VIEW REGIONAL MEDICAL CENTER		
NORTHERN COCHISE COMMUNITY HOSPITAL		
NORTHWEST TEXAS HEALTHCARE SYSTEM		
SAGE MEMORIAL HOSPITAL		
WHITE MOUNTAIN REGIONAL MEDICAL CENTER		
WICKENBURG COMMUNITY HOSPITAL		
YUMA REGIONAL MEDICAL CENTER		
FLORENCE HOSPITAL AT ANTHEM		
SANTA CRUZ VALLEY REGIONAL HOSPITAL		
GILBERT HOSPITAL		
BANNER CASA GRANDE MEDICAL CENTER		
WESTERN REGIONAL MEDICAL CENTER		

### Email Address

Please contact at: [wjalalzaimd@realrads.com](mailto:wjalalzaimd@realrads.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
NEBRASKA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
KANSAS	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
NEW MEXICO	MEDICAL DOCTOR
CALIFORNIA	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 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
SUNY DOWNSTATE MEDICAL CENTER COLLEGE OF MEDICINE		8/1/1994 - 4/30/1998	05/21/1998

### 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 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	05/31/2023	OBLIGATIONS IMPOSED	

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
COSTS	12/27/2022	1/26/2023	1/24/2023	\$ 54.13	\$ 54.13
FINE	12/27/2022	1/26/2023	1/24/2023	\$ 1,500.00	\$ 1,500.00
CE: RISK MANAGEMENT	4/22/2023	12/26/2023	4/22/2023	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

#### 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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
COMMONWEALTH OF KENTUCKY	11/01/2021	FINE	NO
STATE OF MICHIGAN	11/08/2021	REPRIMAND	NO
TEXAS MEDICAL BOARD	12/10/2021	REPRIMAND	NO
STATE OF WISCONSIN MEDICAL BOARD	09/08/2021	REPRIMAND	NO
MICHIGAN DEPT OF LICENSING AND REGULATORY AFFAIRS	11/16/2022	PUBLIC REPRIMAND	NO
COMMONWEALTH OF PA BUREAU OF PROFESSIONAL & OCCUPATIONAL AFF	12/13/2022	CONSENT AGREEMENT	NO

#### 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](#).**

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.

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