



## KEIR DOUGLAS MARSHALL

License Number: ME144168

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026

## General Information

The practitioner has not verified the information contained in this profile.

### Primary Practice Address

KEIR DOUGLAS MARSHALL  
1746 COLE BLVD  
STE 150  
LAKEWOOD, CO 80401

### 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
ATRIUM HEALTH ANSON		
ATRIUM HEALTH LINCOLN		
ATRIUM HEALTH PINEVILLE		
ATRIUM HEALTH UNION		
ATRIUM HEALTH UNIVERSITY CITY		
BANNER BAYWOOD MEDICAL CENTER		
BANNER DESERT MEDICAL CENTER & CARDON CHILDREN'S MEDICAL CEN		
BANNER UNIVERSITY MEDICAL CENTER		
BAPTIST HEALTH FLOYD		
BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL		
CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE		
CAROLINAS HEALTHCARE SYSTEM NORTHEAST		
CAROLINAS MEDICAL CENTER		
CARONDELET ST. JOSEPH'S HOSPITAL		
CASTLE ROCK ADVENTIST HOSPITAL		
CEDAR PARK REGIONAL MEDICAL CENTER		
CHILDREN'S HOSPITAL COLORADO		
CLARK MEMORIAL HOSPITAL		
COLORADO CANYONS HOSPITAL & MEDICAL CENTER		
COMMUNITY HOSPITAL		
COMMUNITY HOSPITAL OF BREMEN		
DAVIS HOSPITAL AND MEDICAL CENTER		

Institution Name	City	State
DAVIS REGIONAL MEDICAL CENTER		
EAST MORGAN COUNTY HOSPITAL		
FLOYD MEDICAL CENTER		
HARRISON COUNTY HOSPITAL		
HUNTINGTON HOSPITAL		
JORDAN VALLEY MEDICAL CENTER		
JORDAN VALLEY MEDICAL CENTER-WEST VALLEY CAMPUS		
LITTLETON ADVENTIST HOSPITAL		
NORTH SUBURBAN MEDICAL CENTER		
PARKER ADVENTIST HOSPITAL		
PLATTE VALLEY MEDICAL CENTER		
POLK MEDICAL CENTER		
PRESBYTERIAN ST. LUKES MEDICAL CENTER		
RANGELY DISTRICT HOSPITAL		
REDMOND REGIONAL MEDICAL CENTER		
ROSE MEDICAL CENTER		
SALT LAKE REGIONAL MEDICAL CENTER		
SCOTLAND MEMORIAL HOSPITAL		
SPALDING REHABILITATION HOSPITAL		
ST. ANTHONY'S MEMORIAL HOSPITAL (IL)		
ST. CATHERINE HOSPITAL (KS)		
ST. DAVID'S MEDICAL CENTER (TX)		
ST. DAVID'S NORTH AUSTIN MEDICAL CENTER (TX)		
ST. DAVID'S ROUND ROCK MEDICAL CENTER (TX)		
ST. DAVID'S SOUTH AUSTIN MEDICAL CENTER (TX)		
ST. FRANCIS HOSPITAL (IL)		
ST. JOHN'S HOSPITAL (IL)		
ST. JOSEPH HOSPITAL (CO)		
ST. MARY'S HOSPITAL (IL)		
STERLING REGIONAL MEDICAL CENTER		
TUCSON MEDICAL CENTER		
VAIL HEALTH		
WEISBROD MEMORIAL COUNTY HOSPITAL		

## Email Address

Please contact at: [kmarshall@divrad.com](mailto:kmarshall@divrad.com)

## Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MEDICAL DOCTOR
ARKANSAS	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
COLORADO	MEDICAL DOCTOR
CONNECTICUT	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR

State	Profession
KANSAS	MEDICAL DOCTOR
MASSACHUSETTS	MEDICAL DOCTOR
MINNESOTA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
OKLAHOMA	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
UTAH	MEDICAL DOCTOR
WASHINGTON	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

The practitioner has not verified the information contained in this profile.

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ST. GEORGE'S UNIVERSITY		8/1/2006 - 5/7/2010	05/07/2010

### Other Health Related Degrees

The practitioner did not provide this mandatory information.

### Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

## Academic Appointments

The practitioner has not verified the information contained in this profile.

### Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

The practitioner did not provide this mandatory information.

## Specialty Certification

The practitioner has not verified the information contained in this profile.

### Specialty Certification

The practitioner did not provide this mandatory information.

## Financial Responsibility

The practitioner has not verified the information contained in this profile.

## 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

The practitioner has not verified the information contained in this profile.

### 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.

The practitioner did not provide this mandatory information.

#### 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

The practitioner has not verified the information contained in this profile.

### 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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