



## JANA LEIGH SULZER MD

License Number: ME45360

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1984  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

JANA LEIGH SULZER MD  
7050 BROOKHOLLOW WEST DR.  
RADIOLOGY PARTNERS, STE 40666  
HOUSTON, TX 77240

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
PARRISH MEDICAL CENTER	TITUSVILLE	FLORIDA
SACRED HEART HOSPITAL	PENSACOLA	FLORIDA

### Email Address

Please contact at: [jana.sulzer@radpartners.com](mailto:jana.sulzer@radpartners.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR
WEST VIRGINIA	MEDICAL DOCTOR
NEVADA	MEDICAL DOCTOR
MISSISSIPPI	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
COLORADO	MEDICAL DOCTOR
CONNECTICUT	MEDICAL DOCTOR
DELAWARE	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR

State	Profession
IOWA	MEDICAL DOCTOR
KANSAS	MEDICAL
LOUISIANA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
NEBRASKA	MEDICAL DOCTOR
NEW MEXICO	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
OHIO	MEDICAL DOCTOR
OKLAHOMA	MEDICAL DOCTOR
OREGON	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
TENNESSEE	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
WYOMING	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
VANDERBILT UNIVERSITY SCH OF M	MD	1/1/1976 - 1/1/1980	01/01/1980

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
UNIVERSITY HOSPITAL OF CLEVELAND	INTERNSHIP	IM - INTERNAL MEDICINE		CLEVELAND	OHIO	07/01/1980	06/30/1981
UNIVERSITY HOSPITAL OF CLEVELAND	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		CLEVELAND	OHIO	07/01/1981	06/30/1984
YALE NEW HAVEN CHLD	RESIDENCY	NM - NUCLEAR MEDICINE		NEW HAVEN	CONNECTICUT	07/01/1985	06/30/1986

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 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	06/06/1985
AMERICAN BOARD OF RADIOLOGY	DR - PEDIATRIC RADIOLOGY	11/03/1997
AMERICAN BOARD OF RADIOLOGY	DR - NUCLEAR RADIOLOGY	06/06/1986

# 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN COLLEGE OF NUCLEAR PHYSICIANS
AMERICAN COLLEGE OF RADIOLOGY
AMERICAN MEDICAL ASSOCIATION
AMERICAN ROENTGEN RAY SOCIETY
FLORIDA RADIOLOGICAL SOCIETY
RADIOLOGICAL SOCIETY OF NORTH AMERICA
SOCIETY OF NUCLEAR MEDICINE
SOCIETY OF PEDIATRIC RADIOLOGY