WILLIAM IRA FESKE

License Number: ME71313

ProfessionMedical DoctorLicense StatusVol Relinquish/Year Began Practicing01/01/1996License Expiration01/31/2020DateVol Relinquish/

General Information

Primary Practice Address

WILLIAM IRA FESKE 3131 MICHELSON DRIVE UNIT 1606 IRVINE, CA 92612

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
FAIRVIEW UNIVERSITY MEDICAL CENTER MESABI-HIBBING	HIBBING	MINNESOTA
GRAND ITASCA CLINIC & HOSPITAL	GRAND RAPIDS	MINNESOTA
SHARP GROSSMONT HOSPITAL	LAMESA	CALIFORNIA
SHASTA REGIONAL MEDICAL CENTER	REDDING	CALIFORNIA
HEALDSBURG DISTRICT HOSPITAL	HEALDSBURG	CALIFORNIA
BANNER LASSEN MEDICAL CENTER	SUSANVILLE	CALIFORNIA
MOUNTAINS COMMUNITY HOSPITAL	LAKE ARROWHEAD	CALIFORNIA
WASHINGTON COUNTY REGIONAL MEDICAL CENTER	SANDERSVILLE	GEORGIA
WELLSPAN YORK HOSPITAL	YORK	PENNSYLVANIA
REGIONAL HOSPITAL OF SCRANTON	SCRANTON	PENNSYLVANIA
MID MICHIGAN MEDICAL CENTER - MIDLAND	MIDLAND	MICHIGAN
SUTTER LAKESIDE HOSPITAL	LAKEPORT	CALIFORNIA
NORTHSIDE MEDICAL CENTER	COLUMBUS	GEORGIA
GRAND ITASCA CLINIC & HOSPITAL	GRAND RAPIDS	MINNESOTA

Email Address

Please contact at: wfeske@outlook.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL
GEORGIA	MEDICAL
IOWA	MEDICAL

State	Profession
MICHIGAN	MEDICAL
MINNESOTA	MEDICAL
NEW JERSEY	MEDICAL
NEW MEXICO	MEDICAL
OKLAHOMA	MEDICAL
PENNSYLVANIA	MEDICAL
SOUTH DAKOTA	MEDICAL

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 not indicated whether 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 MINNESOTA	MD	1/1/1985 - 1/1/1990	01/01/1990
NORTHWESTERN UNIVERSITY	BA	1/1/1982 - 1/1/1984	01/01/1982

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
KAISER FOUNDATION	RESIDENCY	Í NRN - NEUROLOGY/DIAGNOSTIC RADIOLOGY/NEU		LOS ANGELES	CALIFORNIA	07/01/1990	06/30/1995
LOS ANGELES COUNTY- USC MEDICAL CENTER	RESIDENCY	Í NRN - NEUROLOGY/DIAGNOSTIC RADIOLOGY/NEU		LOS ANGELES	CALIFORNIA	07/01/1995	06/30/1996

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 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	

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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	12/18/2017	OBLIGATION(S) SATISFIED	NO

Туре	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00
				\$ 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	Description of Disciplinary	Under
	Action	Action	Appeal
NEW MEXICO MEDICAL BOARD	12/28/2016	REPRIMAND	NO

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS	09/08/2016	REPRIMAND	NO
IOWA BOARD OF MEDICINE	01/19/2017	REPRIMAND	NO
STATE MEDICAL BOARD OF OHIO	11/08/2017	REPRIMAND	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. 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 provided the following professional or community service activities, honors, or awards:

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Community Service/Award/Honor		Organization
HONORS IN GENERAL SURGERY		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
HONORS IN INTERNAL MEDICINE II		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
HONORS IN OPHTHALMOLOGY		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
HONORS IN PSYCHIATRY		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
HONORS IN NEUROSCIENCE		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
HONORS IN BIOCHEMISTRY		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
HONORS IN MICROBIOLOGY		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
HONORS IN LABORATORY MEDICINE		UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE-MINNEAPOLIS, MN
VOLUNTEER PHYSICIAN		FREEMONT HEALTH CLINIC

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
USE OF KINEMATIC MR IMAGING OF THE ANKLE TO DETERMINE	JOURNAL OF MAGNETIC RESONANCE IMAGING 7(2):451-4	03/01/1997
REDUCED VASCULAR COMPLIANCE AS A MARKER FOR ESSENTIAL	AMERICAN JOURNAL OF HYPERTENSION 4(3 PT 1):245- 51	03/01/1991

Title	Publication	Date
ARTERIAL VASCULAR COMPLIANCE RESPONSE TO EXCERICE IN	BIOMEDICAL SCIENCE INSTRUM. 24:161-5	01/01/1988
IMAGING OF INFECTIOUS ARTHRITIS	SEMINARS IN ROENTGENOLOGY 31(3):239-49	07/01/1996
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 RADIOLOGY

AMERICAN ROENTGEN RAY SOCIETY

RADIOLOGICAL SOCIETY OF NORTH AMERICA