



## MEYER LEON PROLER

License Number: ME88096

Profession Medical Doctor  
License Status Retired/  
Year Began Practicing 07/01/1962  
License Expiration 01/31/2023  
Date

## General Information

### Primary Practice Address

MEYER LEON PROLER  
4709 CREEKBEND DRIVE  
HOUSTON, TX 77035

### 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
THE WOMAN'S HOSPITAL OF TEXAS	HOUSTON	TEXAS
ASPIRUS WAUSAU HOSPITAL	WAUSAU	WISCONSIN
ST. ANTHONY HOSPITAL	OKLAHOMA CITY	OKLAHOMA
BILOXI REGIONAL MEDICAL CENTER	BILOXI	MISSISSIPPI
ST, JOSEPH'S HOSPITAL HEALTH CENTER	SYRACUSE	NEW YORK
BAPTIST MEMORIAL HOSPITAL - MEMPHIS METRO	MEMPHIS	TENNESSEE
MERCY HOSPITAL - JOPLIN	JOPLIN	MISSOURI
CHRISTUS ST. CATHERINE HOSPITAL	KATY	TEXAS
CORPUS CHRISTI MEDICAL CENTER	CORPUS CHRISTI	TEXAS
MARY SHIELS HOSPITAL	DALLAS	TEXAS
METHODIST SUGAR LAND HOSPITAL	SUGAR LAND	TEXAS
FANNIN REGIONAL HOSPITAL	BLUE RIDGE	GEORGIA
BAYLOR MEDICAL CENTER AT UPTOWN	HOUSTON	TEXAS
AVOYELLES HOSPITAL	MARKSVILLE	LOUISIANA
LANE REGIONAL MEDICAL CENTER	ZACHARY	LOUISIANA
LANE REGIONAL MEDICAL CENTER	ZACHARY	LOUISIANA
LONGMONT UNITED HOSPITAL	LONGMONT	COLORADO
PINE CREEK MEDICAL CENTER	DALLAS	TEXAS
OKLAHOMA SPINE HOSPITAL	OKLAHOMA CITY	OKLAHOMA
REGIONAL WEST MEDICAL CENTER	SCOTTSBLUFF	NEW MEXICO
GIBSON HOSPITAL	GIBSON CITY	ILLINOIS
MERCY ST. EDWARD MEDICAL CENTER	FORT SMITH	ARKANSAS
MERCY HOSPITAL - JOPLIN	JOPLIN	MISSOURI
MERCY HOSPITAL - JOPLIN	JOPLIN	MISSOURI

Institution Name	City	State
IRVING COPPELL SURGICAL HOSPITAL	IRVING	TEXAS
LEA REGIONAL MEDICAL CENTER	HOBBS	NEW MEXICO
MERCY HEALTH CENTER -FORT SCOTT	FORT SCOTT	KANSAS
HYDE PARK SURGERY CENTER	AUSTIN	TEXAS
HYDE PARK SURGERY CENTER	AUSTIN	TEXAS
EAST ALABAMA MEDICAL CENTER	OPELIKA AUBURN	ALABAMA
PARIS REGIONAL MEDICAL CENTER	PARIS	TEXAS
MERCY HOSPITAL - FT. SMITH FORMERLY ST. EDWARD'S	FORT SMITH	ARKANSAS

## Email Address

Please contact at: [mlp@drproler.com](mailto:mlp@drproler.com)

## Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MD
VIRGINIA	MD
OKLAHOMA	MD
OHIO	MD
NEW YORK	MD
NEW MEXICO	MD
NEBRASKA	MD
MICHIGAN	MD
MARYLAND	MD
ILLINOIS	MD
GEORGIA	MD
KENTUCKY	MD
LOUISIANA	MD
TENNESSEE	MD
PENNSYLVANIA	MD
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
	PHYSICIAN
ALABAMA	MEDICAL
ARKANSAS	MEDICAL
COLORADO	MEDICAL
DISTRICT OF COLUMBIA	MEDICAL
IDAHO	MEDICAL
INDIANA	MEDICAL

State	Profession
KANSAS	MEDICAL
MAINE	MEDICAL
MASSACHUSETTS	MEDICAL
MISSISSIPPI	MEDICAL
NEW JERSEY	MEDICAL
NORTH CAROLINA	MEDICAL
OREGON	MEDICAL
UTAH	MEDICAL
WASHINGTON	MEDICAL
WEST VIRGINIA	MEDICAL
ALASKA	MD
ARIZONA	MD
CALIFORNIA	MD
DELAWARE	MD
INDIANA	MD
MISSOURI	MD
NEW HAMPSHIRE	MD
RHODE ISLAND	MD
VERMONT	MD
WISCONSIN	MD
WYOMING	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 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
BAYLOR COLLEGE OF MEDICINE	MD		06/16/1962

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
RICE UNIVERSITY	HOUSTON	TEXAS	09/01/1954	06/01/1957	BA PSYCHOLOGY

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
JEFF DAVIS HOSP	INTERNSHIP	OTHER	NEUROPHYSIOLOGY	HOUSTON	TEXAS	07/01/1962	06/01/1963
BAYLOR COLLEGE OF MED	FELLOWSHIP	OTHER	NEUROPHYSIOLOGY	HOUSTON	TEXAS	07/01/1963	06/01/1967

# Academic Appointments

## Graduate Medical Education

The practitioner did not provide this mandatory information.

## 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 elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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](#).**

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
08/27/2021	OUT OF STATE		08/27/2021	\$113,750.00	\$0.00

**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 authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
NEUROMETRIC ELECTROENCEPHALOGRAPHIC (NEEG) CLASSIFIERS AND	ELECTROENCEPH CLIN NEUROPHYSIOL 107 (5)	01/01/1998

**Professional Web Page**

StatLinkSystems.com

**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
AMER ACAD OF CLINICAL NEUROPHYSIOLOGY
AMER SOC OF NEUROPHYSIOLOGICAL MONITORING
AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY
AMERICAN MEDICAL ASSOCIATION
HARRIS CO MEDICAL SOCIETY
TEXAS MEDICAL ASSOCIATION
THE PHI BETA KAPPA SOCIETY