### **JUEYANG WEI**

### License Number: ME97839

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/2002
License Expiration Date 01/31/2027

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# General Information

# **Primary Practice Address**

JUEYANG WEI 208 SOUTHPARK CIRCLE EAST ST AUGUSTINE, FL 32086

### **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
FLAGLER HOSPITAL	ST AUGUSTINE	FLORIDA

### **Email Address**

Please contact at: jywei1964@yahoo.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MARYLAND	NEUROLOGIST
VIRGINIA	NEUROLOGIST
DISTRICT OF COLUMBIA	NEUROLOGIST

## 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
SUN YATSEN UNIV OF MED SCIENCE, CHINA	MD	9/1/1982 - 7/1/1988	07/10/1988

### **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
THE UNIVERSITY OF TENNESSEE	MEMPHIS	TENNESSEE	09/01/1991	06/29/1996	PH.D BIOCHEMISTRY

## **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
BASSETT HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		COOPERSTOWN	NEW YORK	07/01/1998	06/30/1999
GEORGETOWN UNIVERSITY	RESIDENCY	NEUROLOGY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1999	06/30/2002

# **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 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 PSYCHIATRY AND NEUROLO	NEUROLOGY	05/01/2003

# 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.

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
04/19/2017	FLAGLER	CA19-0114	12/05/2019	\$250,000.00	\$250,000.00

# **Optional Information**

#### Committees/Memberships

This practitioner has an affiliation with the following committees:

AMERICAN ASSOCIATION OF NEUROLOGY

### **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
A NEW BORN WITH ANOPHTHALMIA AND PULMONARY HYPOPLASIA	AMERICAN JOURNAL OF MEDICAL GENETICS 140A 14 1564-66	04/06/2006
SIGNAL TRANSDUCTION BY INTEGRINS IN LEUKOCYT	JOURNAL OF LEUKOCYTE BIOLOGY 61 397-407	06/17/1997
INHIBITION OF IMMUNOGLOBULIN FOLDING AND SECR	PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCE 3 5269-7474	02/24/1996

Title	Publication	Date
REGUATION OF MAP KINASE ACTIVATION BY THE CYTOPLASMIC DOMAIN	JOURNAL OF BIOLOGICAL CHEMISTRY 273 5903-5907	11/27/1997
PROTEIN FOLDING AND ASSEMBLY IN THE ENDOPLASMIC RETICULUM	STRESS-INDUCIBLE CELLULAR RESPONSES ULRICH FEIGE ET AL E	10/27/1996
IN VIVO EXPRESSION OF MAMMALIAN BIP ATPASE MUTANTS CAUSE DIS	MOLECULAR BIOLOGY OF THE CELL 6 283-96	11/27/1995
CHARACTERIZATION OF THE NUCLEOTIDE BINDING PROPERTIES AND AT	JOURNAL OF BIOLOGICAL CHEMISTRY 270 26670-6	11/27/1995
IN VITRO DISSOCIATION OF BIP PEPTIDE COMPLEXES REQUIRE A CO	JOURNAL OF BIOLOGICAL CHEMISTRY 270 27777-82	11/27/1995
EXAMINATION OF THE ROLE OF ATP BINDING HYDROLYSIS IN BIP FU	PHD DISSERTATION	06/23/1996

# **Professional Web Page**

www.staugustineneurology.com

# **Languages Other Than English**

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

CHINESE

## **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

## Affiliation

AMERICAL ASSOCIATION OF NEUROLOGY