IRA STEPHEN WOLKE

License Number: ME100405

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing07/01/1994License Expiration01/31/2026DateClear

General Information

Primary Practice Address

IRA STEPHEN WOLKE 930 GLENAYRE DRIVE GLENVIEW, IL 60025

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	ALBUQUERQUE	NEW MEXICO

Email Address

Please contact at: docira@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ILLINOIS	PHYSICIAN
INDIANA	PHYSICIAN
WISCONSIN	PHYSICIAN
MICHIGAN	PHYSICIAN
ALABAMA	PHYSICIAN
ARIZONA	PHYSICIAN
CALIFORNIA	PHYSICIAN
COLORADO	PHYSICIAN
CONNECTICUT	PHYSICIAN
FLORIDA	PHYSICIAN
GEORGIA	PHYSICIAN
HAWAII	PHYSICIAN
MINNESOTA	PHYSICIAN
IOWA	PHYSICIAN
KENTUCKY	PHYSICIAN
LOUISIANA	PHYSICIAN

State	Profession
MARYLAND	PHYSICIAN
MASSACHUSETTS	PHYSICIAN
MICHIGAN	PHYSICIAN
MINNESOTA	PHYSICIAN
MISSOURI	PHYSICIAN
NEBRASKA	PHYSICIAN
NEVADA	PHYSICIAN
NEW JERSEY	PHYSICIAN
NEW MEXICO	PHYSICIAN
NEW YORK	PHYSICIAN
NORTH CAROLINA	PHYSICIAN
OHIO	PHYSICIAN
OREGON	PHYSICIAN
PENNSYLVANIA	PHYSICIAN
SOUTH CAROLINA	PHYSICIAN
TENNESSEE	PHYSICIAN
TEXAS	PHYSICIAN
UTAH	PHYSICIAN
VIRGINIA	PHYSICIAN
WASHINGTON	PHYSICIAN
WISCONSIN	
WYOMING	
	PHYSICIAN
OKLAHOMA	PHYSICIAN

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
THE UNIV OF IL SOM	MD	9/1/1987 - 5/9/1993	05/09/1993

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
UNIVERSITY OF ILLINOIS	CHICAGO	ILLINOIS	09/01/1978	12/31/1984	PH.D. BIOMEDICAL ENGINEERING

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
IL MASONIC MED CTR	RESIDENCY	IM - INTERNAL MEDICINE		CHICAGO	ILLINOIS	07/01/1993	06/30/1994
NORTHWESTERN UNIVERSITY	RESIDENCY	NM - NUCLEAR MEDICINE		CHICAGO	ILLINOIS	07/01/1994	06/30/1995
BEAUMONT OAKWOOD HOSP MED CTR	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		DEARBORN	MICHIGAN	07/01/1995	06/30/1996
WAYNE STATE UNIVERSITY	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		DETROIT	MICHIGAN	07/01/1996	06/30/1999
UNIVERSITY OF ILLINOIS AT CHICAGO MEDICAL CENTER	FELLOWSHIP	DIAGNOSTIC IMAGING		CHICAGO	ILLINOIS	07/01/1999	06/30/2000
CHILDRENS MEMORIAL HOSPITAL	. FELLOWSHIP	DR - PEDIATRIC RADIOLOGY		CHICAGO	ILLINOIS	11/01/2004	10/31/2005

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 - PEDIATRIC RADIOLOGY	11/01/2005
AMERICAN BOARD OF RADIOLOGY	DR - NUCLEAR RADIOLOGY	11/01/2006
AMERICAN BOARD OF RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	06/01/2002

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
MICHIGAN BOARD OF MEDICINE	06/15/2018	CONSENT ORDER	NO
ILLINOIS MEDICAL BOARD	09/09/2016	CONSENT AGREEMENT AND FINE	NO
PENNSYLVANIA MEDICAL BOARD	11/15/2017	CONSENT AGREEMENT AND FINE	YES
STATE OF MICHIGAN DEPT. OF LICENSING AND REGULATORY AFFAIRS	05/24/2018	SANCTION	NO
MEDICAL BOARD OF CALIFORNIA	08/31/2018	REPRIMAND	NO
HAWAII MEDICAL BOARD	09/25/2020	FINE	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 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

RADIOLOGICAL SOCIETY OF NORTH AMERICA

SOCIETY FOR PEDIATRIC RADIOLOGY