Department of Health

HUIJIAN WANG

License Number: ME101341

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	07/01/1998
License Expiration Date	01/31/2026

General Information

Primary Practice Address

HUIJIAN WANG
1240 WEST GRANADA BLVD
SECOND FLOOR
ORMOND BEACH, FL 32174

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
BERT FISH MEDICAL CENTER	NEW SMYRNA BEACH	FLORIDA
HALIFAX MEDICAL CENTER	DAYTONA BEACH	FLORIDA
MEMORIAL HOSPITAL - ORMOND BEACH	DAYTONA BEACH	FLORIDA
PARRISH MEDICAL CENTER	TITUSVILLE	FLORIDA

Email Address

Not Provided

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	
NEW YORK	
ARIZONA	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
MEDICAL CENTER OF FUDAN UNIVERSITY	MD	9/1/1989 - 7/1/1994	07/01/1994

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF CANADA	EDMONTON	CANADA	01/01/1995	06/01/1998	PH.D. EXPERIMENTAL PATHOLOGY

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
STANFORD UNIVERSITY MEDICAL CENTER	FELLOWSHIP	CAR - CARDIOLOGY		PALO ALTO	UNITED STATES	07/01/2004	06/30/2006
MONTEFIORE MEDICAL CENTER-UNIVERISITY HOSPITAL FOR ALBERT EI	RESIDENCY	IM - INTERNAL MEDICINE		BRONX	NEW YORK	07/01/1998	06/30/2001
NEW YORK PRESBYTERIAN HOSPITAL-COLUMBIA UNIVERSITY	FELLOWSHIP	CAR - CARDIOLOGY	CARDIAC ELECTROPHYSIOLOGY	NEW YORK	NEW YORK	07/01/2006	06/30/2007
CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	CAR - CARDIOLOGY	CARDIAC ELECTROPHYSIOLOGY	CLEVELAND	OHIO	07/01/2007	09/15/2008
MONTEFIORE MEDICAL CENTER-UNIVERSITY HOSP FOR THE ALBERT EIN	RESIDENCY	IM - INTERNAL MEDICINE		BRONX	NEW YORK	07/01/1998	06/30/2001

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	08/01/2001
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	11/01/2006
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

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
09/22/2012	VOLUSIA	2015 30491 CICI	07/10/2017	$250,000.00	$250,000.00
06/01/2014	FLAGLER	2015 31477CICI	11/02/2017	$250,000.00	$250,000.00
01/27/2017	FLAGLER	2017-11691-CIDL	07/17/2018	$162,500.00	$250,000.00

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 not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

www.afibpro.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 not provided any national, state, local, county, or professional affiliations.