Florida HEALTH Department of Health

JANE PISARCHICK SAILER

License Number: ME156586

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1992
License Expiration Date	01/31/2028

General Information

Primary Practice Address

JANE PISARCHICK SAILER
199 SCOTT STREET
SUITE 800
BUFFALO, NY 14204

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

Email Address

Please contact at: **janesailer@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	PHYSICIAN
VIRGINIA	PHYSICIAN
ALASKA	PHYSICIAN
ARKANSAS	PHYSICIAN
ARIZONA	PHYSICIAN
CALIFORNIA	PHYSICIAN
COLORADO	PHYSICIAN
CONNECTICUT	PHYSICIAN
DISTRICT OF COLUMBIA	PHYSICIAN
DELAWARE	PHYSICIAN
GEORGIA	PHYSICIAN
HAWAII	PHYSICIAN
IOWA	PHYSICIAN
IDAHO	PHYSICIAN
ILLINOIS	PHYSICIAN
INDIANA	PHYSICIAN
KANSAS	PHYSICIAN
KENTUCKY	PHYSICIAN
LOUISIANA	PHYSICIAN

State	Profession
MASSACHUSETTS	PHYSICIAN
MARYLAND	PHYSICIAN
MAINE	PHYSICIAN
MICHIGAN	PHYSICIAN
MINNESOTA	PHYSICIAN
MISSOURI	PHYSICIAN
MONTANA	PHYSICIAN
NORTH CAROLINA	PHYSICIAN
NORTH DAKOTA	PHYSICIAN
NEBRASKA	PHYSICIAN
NEW HAMPSHIRE	PHYSICIAN
NEW JERSEY	PHYSICIAN
NEW MEXICO	PHYSICIAN
NEVADA	PHYSICIAN
NEW YORK	PHYSICIAN
OHIO	PHYSICIAN
OKLAHOMA	PHYSICIAN
OREGON	PHYSICIAN
PENNSYLVANIA	PHYSICIAN
RHODE ISLAND	PHYSICIAN
SOUTH DAKOTA	PHYSICIAN
TENNESSEE	PHYSICIAN
TEXAS	PHYSICIAN
UTAH	PHYSICIAN
VERMONT	PHYSICIAN
WASHINGTON	PHYSICIAN
WISCONSIN	PHYSICIAN
WEST VIRGINIA	PHYSICIAN
WYOMING	PHYSICIAN
MISSISSIPPI	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
JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIVERSITY		8/1/1988 - 6/1/1992	06/05/1992

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

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 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 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:

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.

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