Physician Renewal

Verification

Please ensure that all information is entered correctly. If you need to change something, navigate to the appropriate page using the left-hand menu. You will then be able to navigate to any page that has been completed.

Address Changes

Public address: This address will be displayed on our website. If you select your home address only your city and state will be displayed on the public website.

Home

Mailing address: Select either your Home address or your Practice address to be your Mailing address. Your certificates will contain this address and all NCMB items will be mailed to this address.

Home

Home Address:

241 Summerford Place
Centerville, OH 45458

Phone:

937-371-1677

Email:

tushar.shah@mac.com

Practice Name:

Evicore Healthcare

Practice Address:

241 Summerford Place
Dayton, OH 45458

Phone:

937-371-1677

Email:

tushar.shah@mac.com

Questions

1. Since you last renewed, are you aware of any complaint or investigation or inquiry regarding you that has been received or conducted by any of the following:

- **Professional licensing board or agency (NCMB actions do not need to be included)**
- **Military service**
- **Medical or professional organization/association**
- **Local, state, federal, or other governmental agency**
- **Private or governmental insurance company or payor**
- **Hospital or other healthcare organization**
- **Professional certifying board**

No

2. Since you last renewed, have you:

- **Withdrawn a license or registration application**
- **Been denied a license or registration**
- **Surrendered a license or registration**
- **Had a license or registration restricted or limited in any way**
- **Placed a license or registration on inactive status while under investigation**

No

3. Since you last renewed have you engaged in the excessive use of alcohol, controlled substances or prescription drugs, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use? (If you are an anonymous participant in the NC Professionals Health Program and are in compliance with your contract, you may answer "No" to this question).

No

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the North Carolina Professionals Health Program (www.ncphp.org), a professional advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner.

The Failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the board taking action against the license to practice medicine.

4. Since you last renewed have you had a professional liability insurance policy cancelled, denied, or not renewed?

No

5. Since you last renewed have you been separated or discharged other than honorably from U.S. military, Veteran's Administration, or public health service?

No

6. Since you last renewed are you aware of any reports made about you to the National Practitioner's Data Bank (NPDB)? Please Note: If you answer "yes" because a report was made to NPDB as a result of a malpractice judgment, award, settlement or payment then you must also report that malpractice information on the Professional Liability/Malpractice page.

No

Public Notice Statement - Required by N.C. Gen. Stat. § 143-788(5).

Employee misclassification is defined in N.C. Gen. Stat. § 143-786(5) as avoiding tax liabilities and other obligations imposed by Chapters 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

Anyone who believes that a North Carolina employee has been misclassified as an independent contractor by that employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

The Employee Classification Section can be contacted via email at emp.classification@ic.nc.gov, by phone at (888) 891-4895, by fax at (919) 508-8300, and by mail at 1233 Mail Service Center, Raleigh NC 27699-1233. The preferred method of contact is via email.

I certify that I have read and understand the Public Notice Statement regarding Employee Misclassification provided above.

I Agree

7. In the past five (5) years, have you been investigated for employee misclassifications as defined in the public notice statement above? If yes, please list the result of each occurrence.

No

Privileges

Since you last renewed, have you had an action taken against you by a health care institution, including employers and group practices? If so, list each occurrence.
Definitions:

Actions Include:

- Warnings
- Censures
- Discipline
- Admissions monitored
- Privileges limited, suspended or revoked

- Remediation
- Probation
- Suspension or termination of employment
- Withdrawal or resignation under threat of investigation or disciplinary action
- Denial of staff membership or credential

Health care institutions include:

- Hospitals
- Health maintenance or preferred provider organizations
- Any facility in which you trained
- Any group practice
- Any other organization that issues credentials to physicians

Instructions:

You must supply all supporting documents for every entry you have not previously reported. Please upload the documents below or email the documents for every entry you report to supportingdocs@ncmedboard.org.

Please review any pre-populated information for accuracy. If anything has changed, you must complete a new entry with the updated information.

All final suspensions and revocations will be visible to the public on the Board's website for a period of seven years (from the date of the action).

If you do not have anything to report, click on the 'Next' button to go to the next page.

Example:

Date of Action (mm/dd/yyyy)	Name of Health Care Institution That Took Action and Location	Action Taken	Was This a Final Action?	Reason for Action Taken
02/12/2005	Wake Med, Cary, NC	Suspension	Yes	Disruptive behavior

Privileges

Action Date: 04/01/2002
Name: Presbyterian Hospital of Plano
Action Taken: automatic termination of privileges
Final Action? Y
Reason for Action: My clinical privileges at Presbyterian Hospital of Plano were automatically terminated in the Spring of 2002 due to failure to provide a backup interventional cardiology coverage physician. I was a solo practitioner and was unable to find backup coverage to fulfill the criteria for continued medical staff membership. The competing cardiology group at this hospital was not willing to provide coverage for physicians not directly affiliated with their group. The interventional cardiologist who originally provided this coverage switched groups and joined a competing group that forbade him covering me for political reasons. For this reason I volunteered to have my clinical privileges automatically withdrawn.

Misdemeanor/DUI/DWI

Since you last renewed, have you been charged with, arrested for or convicted of a misdemeanor including, but not limited to, Driving Under the Influence (“DUI”) or Driving While Impaired (“DWI”) and any other violation of the

law involving the operation of some means of transportation while under the influence of drugs or alcohol? If so, you must list every misdemeanor charge, arrest and conviction below:

Definitions:

You have been charged if you have been arrested, indicted or arraigned for a criminal act, even if the charge was later dismissed.

You have been convicted if you pleaded guilty, were found guilty by a court, entered a plea of nolo contendere (no contest} or received a prayer for judgment continued (PJC) for a violation of federal, state or local law.

Instructions:

Failure to report may result in fines or other public disciplinary action. **You must report all charges, arrests and convictions for** DWI, DUI, careless and reckless driving and any offenses involving serious injury or death. Minor traffic offenses are not required to be reported.

You must supply all supporting documents for every entry you have not previously reported. Please uploaded the documents below or email the documents for every entry you report to supportingdocs@ncmedboard.org.

Expungements:

Do not report expunged charges or convictions for which you possess written documentary proof of expungement. **Do not assume** any previous charge, arrest or conviction has been expunged unless you have in your possession an official written court order or document, signed by a judge, which explicitly orders the charge, arrest or conviction sealed and/or expunged.

All fields are required.

Please review any pre-populated information for accuracy. If anything has changed, you must complete a new entry with the updated information.

Some misdemeanor convictions that involve offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, violations of public health and safety codes, and failure to file state or federal taxes will be publicly visible on the Board's website for 10 years (from the date of conviction). Please click here (21 NCAC 32x .0104) for a more expansive list of published misdemeanors. The Board will notify you prior to publishing your misdemeanor conviction on the website. All felony convictions will be visible to the public on the Board's website.

If you do not have anything to report, click on the 'Next' button to go to the next page.

Example:

Date of Charge or Arrest (mm/dd/yyyy)	What were you Charged with or Arrested for?	Jurisdiction in which Charge or Arrest Occurred	Date of Conviction (mm/dd/yyyy) (If you were not convicted leave blank)	What were you Convicted of? (If you were not convicted answer n/a)	Sentence Imposed (If no sentence imposed answer n/a)	Detail Explanation
02/12/2005	Driving While Intoxicated	NC	07/29/2005	Reckless Driving	Fine; Community Service	Crossed center line. Arrested for DWI. Pleaded guilty to Reckless Driving.
03/25/2006	Assault	NY		n/a	Charges dismissed	Punched a guy at a bar. Charges dismissed after community service

	04/02/2007	Public Intoxication	SC	09/15/2007	Public Intoxication	Fine; Probation	Drank too much at a football game. Found guilty by a judge.

Misdemeanor/DUI/DWI

None Reported

Felony

Since you last renewed, have you been charged with, arrested for or convicted of a felony including, but not limited to, Driving Under the Influence (“DUI”) or Driving While Impaired (“DWI”) and any other violation of the law involving the operation of some means of transportation while under the influence of drugs or alcohol? If so, you must list every felony charge, arrest and conviction below:

Definitions:

You have been charged if you have been arrested, indicted or arraigned for a criminal act, even if the charge was later dismissed.

You have been convicted if you pleaded guilty, were found guilty by a court, entered a plea of nolo contendere (no contest} or received a prayer for judgment continued (PJC) for a violation of federal, state or local law.

Instructions:

Failure to report may result in fines or other public disciplinary action. **You must report all charges, arrests and convictions for** DWI, DUI, careless and reckless driving and all offenses involving serious injury or death. Minor traffic offenses are not required to be reported.

You must supply all supporting documents for every entry you have not previously reported. Please uploaded the documents below or email the documents for every entry you report to supportingdocs@ncmedboard.org.

Expungements:

Do not report expunged charges or convictions for which you possess written documentary proof of expungement. **Do not assume** any previous charge, arrest or conviction has been expunged unless you have in your possession an official written court order or document, signed by a judge, which explicitly orders the charge, arrest or conviction sealed and/or expunged.

All fields are required.

Please review any pre-populated information for accuracy. If anything has changed, you must complete a new entry with the updated information.

Some misdemeanor convictions that involve offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, violations of public health and safety codes, and failure to file state or federal taxes will be publicly visible on the Board's website for 10 years (from the date of conviction). Please click here (21 NCAC 32x .0104) for a more expansive list of published misdemeanors. The Board will notify you prior to publishing your misdemeanor conviction on the website. All felony convictions will be visible to the public on the Board’s website.

If you do not have anything to report, click on the ‘Next’ button to go to the next page.

Example:

Date of Charge or Arrest (mm/dd/yyyy)	What were you Charged with or Arrested for?	Jurisdiction in which Charge or Arrest Occurred	Date of Conviction (mm/dd/yyyy) (If you were not convicted leave blank)	What were you Convicted of? (If you were not convicted answer n/a)	Sentence Imposed (If no sentence imposed answer n/a)	Detail Explanation
02/12/2005	Felony Prescription Fraud	NC	03/24/2006	Misdemeanor Larcent	12 months probation	Wrote prescription with intent to sell. Pleaded guilty to a lesser offense.
03/25/2006	Felony Embezzlement	NY		n/a	Charges dismissed	Stole money from my practice. Charges dismissed after deferred prosecution completed.
04/02/2007	Felony Medicare Fraud	SC	06/14/2008	Felony Medicare Fraud	Fine and exclusion from participation	Medicare audit revealed I submitted false claims and up-coded charges.

Felony

None Reported

Regulatory Actions

Since you last renewed, have you had an action taken against you by a regulatory entity? If so, list each occurrence (NCMB Actions do not need to be included).

Definitions:

Action includes, but is not limited to:

- Revocations
- Suspensions
- Probations
- Limitations/restrictions
- Disciplinary/non-disciplinary actions and fines
- Private actions and letters
- Issuance of a license through an order
- License denials

Regulatory entities include, but are not limited to:

- All professional licensing boards and agencies (not including the North Carolina Medical Board)
- Military service
- Medical or professional organization/association
- Local, state, federal, or other governmental agency
- Private or governmental insurance company or payor
- Hospital or other healthcare organization

- Professional certifying board
- The U.S. Food and Drug Administration
- The U.S. Drug Enforcement Administration
- Medicare or Medicaid

Instructions:
You must supply all supporting documents for every entry you have not previously reported. Please upload the documents below or email the documents for every entry you report to supportingdocs@ncmedboard.org.

Please review any pre-populated information for accuracy. If anything has changed, you must complete a new entry with the updated information.

All public actions taken by state medical/regulatory boards will be visible to the public on the Board's website indefinitely. All actions taken by federal/state agencies such as the U.S. Food and Drug Administration, the U.S. Drug Enforcement Administration, Medicare, and Medicaid will be visible to the public on the Board's website for a period of seven years (from the date of the action).

If you do not have anything to report, click on the 'Next' button to go to the next page.

Example:

Date of Action (mm/dd/yyyy)	Name of Regulatory Board or Agency That Took Action	Action Taken	Was Action Public or Private?	Reason for Action Taken
02/12/2005	Florida Medical Board	Reprimand	Public	Disruptive behavior

Regulatory Actions

Action Date: 05/02/2003
Name: Texas Medical Board
Action Taken: Complaint filed but no action taken after response provided.
Public or Private? Private
Reason for Action: On May 2, 2003 I was notified of a complaint filed with the Texas State Board of Medical Examiners that an allegation of “Practice Inconsistent with Public Health and Welfare” was filed. This automatically initiated an investigation on the part of the Texas Medical Board. The Texas Medical Board requested a response which I provided to them. The information provided to them was satisfactory. The allegation was dismissed with no action recommended since no evidence was found to substantiate the allegation.

Malpractice

Professional Liability or malpractice payment information is requested for two reasons: (1) the NCMB’s internal investigation into the care of the patient in question, and (2) to determine whether the professional liability or malpractice information must be reported on the NCMB’s public website. It is the licensee’s responsibility to ensure the accuracy of the information that is reported.

NOTE: Your complete professional liability or malpractice history should be shown below. Please review all pre-populated information for accuracy. If anything has changed, you must complete a new entry with the updated information. Any professional liability history or malpractice history that is not listed must be added, even if previously reviewed by the NCMB.

Please enter all relevant information where:

1. A professional liability or malpractice lawsuit filed against you was resolved with a judgment (regardless of appeal), award, payment, or settlement regardless of whether the payment or settlement was in your name.
2. A professional liability or malpractice settlement or payment was made, affecting or involving you, where no lawsuit was filed.
3. A professional liability or malpractice settlement or payment was made involving your care of a patient.

The NCMB will determine which payments will be published on the NCMB's website based on criteria established by N.C. Gen. Stat. 90-5.3.

(Do not report a pending claim)

If you do not have anything to report, click on the "Next" button to go to the next page.

Malpractice

Other

Files

Area of Practice: Cardiology
Patient's Name: James Heikes
Claim Description: I never was involved in the care of the patient. I was wrongly named and subsequently dropped from the case. The case never went to trial.
Incident Date: 01/24/2011
Is Claim Pending?
Settlement Date: 04/26/2013
Licensee Response: a case involving an ICU patient under the care of a pulmonary/critical care physician at the same hospital where I practiced. I never was involved in the care of the patient. I was wrongly named and subsequently dropped from the case. The case never went to trial. No Data Bank report.
Incident City, State, Country: KETTERING, OH, US

Other

Files

Area of Practice: Hospitalist
Patient's Name: Marlene Newman
Claim Description: 52-yo WF w/ PAD s/p Ao-bifem in 2001. Presented for revision 4/8/2013. Despite severe PAD poorly contr HTN & HC, pt cont'd to smoke. Pt seen by me as hospitalist for periop mngt. 1st saw pt postop on vent and not involved in care prior to surgery. Pt had loss of pulse 2 days postop. Surgeon notified. Pt transferred to outside vasc surgeon 4/11/2013. Claim made that as the hospitalist I should have stepped in, overruled the surgeon, and transferred pt sooner. Pt subsequently had amputation that family claims could've been prevented.
Incident Date: 04/10/2013
Is Claim Pending?
Licensee Response: ***Please contact Carol Puryear at 919-326-1109, ext. 261 once this matter is resolved. Thank you, NCMB staff. 52-yo WF w/ PAD s/p Ao-bifem. Presented for revision. Despite severe PAD poorly contr HTN & HC, pt cont'd to smoke. Pt seen by me as hospitalist for periop mngt. 1st saw pt postop on vent and not involved in care prior to surgery. Pt had loss of pulse 2 days postop. Surgeon notified. Pt transferred to outside vasc surgeon. Claim made that as the hospitalist I should have stepped in, overruled the surgeon, and transferred pt sooner. Pt subsequently had amputation that family claims could've been prevented.
Incident City, State, Country: Georgetown, OH, US

The Medical Protective Company

Files

Area of Practice: Cardiology
Patient's Name: Willie Reese
Claim Description: Failure to diagnose coronary artery disease and arrhythmia Delay going to trial due to plaintiff inability to find expert witness earlier.
Incident Date: 03/17/2008
Is Claim Pending?
Settlement Date: 09/21/2015
Settlement Amount: $400,000.00
Licensee Response: Pt presented to ER with possible syncope at work. He had normal CV evaluation despite RBBB on EKG. He never had chest pain, shortness of breath, palpitations, or other symptoms. He described falling asleep at Monday morning business meeting after losing an hour due to Daylight Saving's Time. He had a normal nuclear stress test, echo, and no arrhythmias on telemetry. He had a history of sleep apnea but never complied with requested sleep study by his sleep physician. Upon discharge from hospital he was to immediately proceed to our office for placement of ambulatory telemetry, but failed to do so. He died suddenly at home 2 days later. Autopsy revealed coronary artery disease but no prior or acute MI or coronary thrombosis, and he had a structurally normal heart.
Incident City, State, Country: Kettering, OH, US

Other

Files

Area of Practice: Cardiology
Patient's Name: John Reed
Claim Description: Death arising from complications of angioplasty and stenting
Incident Date: 01/04/2007
Is Claim Pending?
Settlement Date: 07/21/2009
Licensee Response: 80 yo M had cardiac cath by me w/o complication. Stenosis of RCA had PTCA by my partner. RCA and aorta dissected during procedure. The patient underwent emergency by bypass surgery followed by a prolonged hospital recovery and ICU stay. He was discharged from the hospital and died in a rehabilitation center a few months after his initial heart catheterization. The lawsuit was quickly dropped shortly after it was filed. No settlement was made and the case never went to trial. The case is not included in the National Practitioner Data Bank.
Incident City, State, Country: Kettering, OH, US

Training

Institution: The University of Kentucky Medical Center
Primary Area of Practice: Other
Specialty Description: Advanced Heart Failure and Transplant Cardiology
Country/State/Province: US - KY
Training Program: Fellowship
Last Year of Training: 2016

Institution: The Heart Center of Indiana
Primary Area of Practice: Other
Specialty Description: Advanced Cardiovascular Imaging
Country/State/Province: US - IN

Training Program: Fellowship
Last Year of Training: 2005

Institution: Baylor University Medical Center
Primary Area of Practice: Cardiology
Country/State/Province: US - TX
Training Program: Fellowship
Last Year of Training: 2000

Institution: Duke University Medical Center
Primary Area of Practice: Internal Medicine
Country/State/Province: US - NC
Training Program: Residency
Last Year of Training: 1997

Institution: Duke University Medical Center
Primary Area of Practice: Other
Specialty Description: Internal Medicine/Pediatrics
Country/State/Province: US - NC
Training Program: Internship
Last Year of Training: 1995

Supervisee

None Reported

Professional Corporations (“PCs”) & Professional Limited Liability Companies (“PLLCs”)

None Reported

Demographics Review

Country of Birth:

Kenya

City of Birth:

Kisumu

Gender:

Male

Ethnicity: Are you of Hispanic, Latino/a, or Spanish origin?

No

With which race do you most closely identify? We recognize that the race category includes racial and national origins and sociocultural groups.

Asian: Indian

Are you active duty military or a military veteran?

No

Are you a military spouse?

No

Services Provided

A) Are you actively working in a position that requires a medical license?

Yes

B) How many weeks did you work since you last renewed?

52

For the question below, patient care is your professional participation in the care of a patient's illness or injury, or preservation of a patient's health. This is any practitioner actively involved in caring for a patient including radiologists and pathologists.

C) Are you involved in patient care?

Yes

If you are involved in patient care, please answer the following 6 questions.

1. Are you providing obstetric deliveries as a routine part of your practice?

No

2. Are you providing prenatal care as a routine part of your practice?

No

3. Is your primary employer the Federal Government?

No

4. Do you have face to face contact with your patients?

Yes

5. Are you currently in training? If so, please describe below:

No

6. Type of training?

Practices

Evicore Healthcare

Practice Type: Primary
Address: 241 Summerford Place
Dayton, OH 45458 Montgomery
Average hours per week in direct patient care: 0
Facility Type:

Practice Details

1. How many hours in an average week are you involved in patient care (not limited to NC)?

40

2. Of the above patient care hours, how many of these hours were spent delivering primary care services (Primary care is not restricted to any particular specialty)?

0

3. On average, how many days per week are you on call?

0

4. Since you last renewed, what percentage of your practice was dedicated to some form of telemedicine or telehealth?

0

For all the medical related positions held in North Carolina, indicate the average number of hours per week spent on each major activity:

1. Patient Care (this includes charting and image reading):

0

2. Research:

0

3. Teaching/Education:

0

4. Administration:

0

5. Volunteering (medical related only):

0

6. Other:

0

NPI Information

NPI #:

1083909279

Sliding Fee Schedule

Do you offer a Sliding Fee Schedule for uninsured low-income patients that meets the requirements of the National Health Service Corps?

CME

Exempt

Category I CME hours obtained:

0

I do not prescribe controlled substances.

Board Certifications

Nuclear Cardiology

Certified/Recertified: 2002

Internal Medicine

Certified/Recertified: 2000

Cardiovascular Disease

Certified/Recertified: 2021

Advanced Heart Failure and Transplant Cardiology

Certified/Recertified: 2010

Retired

Retired:

No

Areas of Practice

Cardiovascular Disease, Internal Medicine

Type: Primary

Other

Description: Advanced Heart Failure an
Type: Secondary

Hospital Privileges

None Reported

Out of State/Country Licenses

United States of America - Pennsylvania

United States of America - Montana

United States of America - Kentucky

United States of America - Kansas

United States of America - West Virginia

United States of America - Oregon

United States of America - Texas

United States of America - Oklahoma

United States of America - Ohio

United States of America - Indiana

United States of America - Iowa

United States of America - Missouri

United States of America - North Carolina

United States of America - Wisconsin

United States of America - Virginia

United States of America - Georgia

United States of America - Colorado

United States of America - Illinois

NC PHP Donations

Amount to Donate:

$0.00

Email Notifications

The Forum newsletter has important information on deadlines, laws, and rules related to the practice of medicine. It is emailed bi-monthly. If you prefer a print copy it will be mailed twice a year.

Home

In the event of a complaint or investigation, please indicate which email address you would like the Board to use.

Home

Uploaded Files

No files uploaded during the application.

Attestation

*** By agreeing with this data, you are signing this renewal form and attesting that the material has been supplied by you, the licensee, and that the information is correct.**

Knowingly providing false renewal information to the NCMB is a violation of N.C. Gen Stat. 90-14(a) and may result in the loss of your license to practice medicine.

- [x] **I agree that the information above is correct**