


EFFECTIVE AS A FINAL ORDER

DATE: 7/3/2024

FILED
JUN 14 2024 

**BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS**

KS State Board of Healing Arts

In the Matter of)
)
Victor M. Tseng, M.D.) KSBHA Docket No. 24-HA 00046
Kansas License No. 04-49111)

SUMMARY ORDER

NOW ON THIS 14th day of June, 2024, this matter comes before Susan Gile, Executive Director, Kansas State Board of Healing Arts (“Board”), in summary proceedings under K.S.A. 77-537.

Under K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

Findings of Fact

1. Victor M. Tseng, M.D. (“Licensee”) is or has been entitled to be engaged in the practice of medicine and surgery in Kansas, having been granted an Active license through the Interstate Medical Licensure Compact, K.S.A. 65-28,133 (“IMLC”), on March 22, 2024. Licensee’s current license designation is Active.

2. Licensee’s last mailing address known to the Board is: **CONFIDENTIAL**
CONFIDENTIAL. Licensee’s last email address known to the Board is **CONFIDENTIAL**

Victor M. Tseng, M.D.
License No. 04-49111
Summary Order

3. Licensee's State of Principal License under the IMLC is Georgia. (Bd. Ex. 1 -- Application for Expedited Licensure, p. 7).

4. Licensee is or has been entitled to be engaged in the practice of medicine in Georgia, having been granted a license to practice by the Georgia Composite Medical Board ("the Georgia Board") on or about July 23, 2018. This license is valid through January 31, 2026. (*Id.* at p. 14).

5. Licensee is or has been entitled to be engaged in the practice of medicine in Maryland, having been granted a license to practice by the Maryland Board of Physicians ("the Maryland Board") on or about March 15, 2024. This license is valid through September 30, 2025. (Bd. Ex. 2 -- Maryland Physician Profile, p. 1)

6. The Georgia Board, the Maryland Board, and the Kansas Board of Healing Arts are "member boards" as defined by K.S.A. 65-28,133, Section 2(h) of the IMLC.

7. On or about April 8, 2024, the Georgia Board issued an Order of Summary Suspension, finding Licensee's "continued practice as a physician poses a threat to the public health, safety and welfare and imperatively requires emergency action". Licensee's Georgia license was summarily suspended as a result of this Order of Summary Suspension. (Bd. Ex. 3 -- Georgia Order of Summary Suspension)

8. On or about April 26, 2024, the Maryland Board issued an Order for Suspension of License to Practice Medicine based on the Georgia Board's suspension of Licensee's license to practice. Licensee's Maryland license was suspended as a result of this Order for Suspension of License to Practice Medicine (Bd. Ex. 4 -- Maryland Order for Suspension of License to Practice Medicine).

Applicable Law

9. Under K.S.A. 65-28,133, Section 10(d) of the IMLC:

“If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license issued to the physician by any other member board **shall be suspended, automatically and immediately without further action necessary by the other member boards, for 90 days upon entry of the order by the disciplining board**, to permit the member boards to investigate the basis for the action under the medical practice act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the 90-day suspension period in a manner consistent with the medical practice act of that state.” [emphasis added]

Conclusions of Law

10. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

11. On or about April 8, 2024, the Georgia Board, a member board of the IMLC, suspended Licensee’s license to practice medicine.

12. On or about April 26, 2024, The Maryland Board, a member board of the IMLC, suspended Licensee’s license to practice medicine.

13. Under K.S.A. 65-28,133 Section 10(d) of the IMLC, because Licensee’s license to practice medicine was suspended by an IMLC member board, the Board must automatically and immediately suspend Licensee’s license to practice in Kansas for ninety (90) days.

IT IS HEREBY ORDERED that Licensee’s license to practice medicine and surgery in Kansas is **SUSPENDED** for a period of **90 days** from the date this Order becomes effective as a Final Order.

Victor M. Tseng, M.D.
License No. 04-49111
Summary Order

PLEASE TAKE NOTICE that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 14th day of June, 2024.

KANSAS STATE BOARD
OF HEALING ARTS

Susan Gile

Susan Gile
Executive Director

Victor M. Tseng, M.D.
License No. 04-49111
Summary Order

FINAL ORDER NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **FINAL ORDER** by depositing the same in the United States Mail, postage prepaid, on this 3rd day of July 2024, addressed and emailed to:

Victor M. Tseng, M.D.
CONFIDENTIAL

Licensee

And a copy was hand-delivered to:

Matthew Gaus, Deputy Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612
matthew.gaus@ks.gov

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.



Staff Signature

EXHIBIT 1

Application for Expedited Licensure

From: [Colleen Krallman \[KSBHA\]](#)
To: [Michelle Andrews \[KSBHA\]](#)
Subject: FW: New Physician License: Victor Tseng
Date: Tuesday, March 12, 2024 8:36:42 AM
Attachments: [image002.png](#)

Thank you,

Colleen Krallman



Colleen Krallman
Licensing Specialist
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level, Ste A
Topeka KS 66612
785-296-3268
Colleen.Krallman@ks.gov | www.ksbha.org

ATTENTION Doctor of Medicine & Surgery: If you have applied or are applying for your initial license, please note the Board requires all licensed professionals to renew their license annually. **Applicants licensed before May 1, 2024 will be required to renew in June of 2024, those licensed on or after May 1, 2024 will be required to renew in June of 2025.**

To request the license be issued on or after May 1, 2024, the applicant must submit an email prior to the final review of the application, requesting the license be issued on or after May 1, 2024. Submitting a request does not guarantee the license will be issued on May 1, 2024, time of issuance will vary.



State Board of Healing Arts This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

From: IMLCC Support <imlccsupport@imlcc.com>
Sent: Tuesday, March 12, 2024 8:20 AM
To: KSBHA_Licensing <KSBHA_Licensing@ks.gov>
Subject: New Physician License: Victor Tseng

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Greetings! You have a new Physician qualified to practice on your Board. **INSTRUCTIONS:** Please click the link to download and review the physicians documentation to issue a license.

License for Victor Tseng

Please issue a license per your system.

When you have issued a license please click on the link again and complete the Medical License form for the records.

Thank you!
-IMLCC



Application for Expedited Licensure

I have read and understood the Qualifications to practice medicine in the Compact states. I attest that I am qualified and understand that pursuant to the IMLCC's rules, all fees are non-refundable.

If you have questions, please call your State of Principle License

I understand that inaccurate or missing information may be grounds for rejection of my application.

Please carefully review the Application documents before applying. **Yes**

I have reviewed the criteria to select a State of Principal License (SPL) and confirm eligibility to designate a Compact state as my SPL. **Yes**

I have a full and unrestricted license in a Compact State **Yes**

SPL GEORGIA COMPOSITE MEDICAL BOARD License 81169 Expiration 01/31/2024

AND at least one of the below must APPLY (Please select all that apply)

- a. Your primary residence is in the SPL (State of Principal License) **Yes**
- b. At least 25% of your practice of medicine occurs in the SPL **No**
- c. Your employer is located in the SPL **No**
- d. You use the SPL as your state of residence for U.S. federal income tax purposes **No**

Please provide below information:

Residence Street address **CONFIDENTIAL**

Residence City State Zip !

County DeKalb

Please describe your practice and location in the SPL selected

Please be prepared to provide documentation to the designated SPL for further verification. If you have any question, please contact your SPL.

You or your employer may be asked for additional documentation about your Employment.

Name of Employer

Employer Contact Phone

Employer Street address _

Employer City State Zip , ,

Please provide your Tax ID # (SS#, EIN) XXX-XX-XXXX (must be most recent return) Please be prepared to provide documentation to the designated SPL for further verification.



**Interstate
Medical Licensure
Compact**

A faster pathway to medical licensure

Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes

Medical School University of Wisconsin School of Medicine and Public Health Date of Degree Issued 05/20/2012 Medical Degree Received: M.D.

Have you passed each component or step of the USMLE, or the COMLEX-USA within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes (if in question contact your SPL)? Yes

Which licensing exam did you pass? USMLE

Have you successfully completed graduate medical education approved by the ACGME or the AOA? Yes

Residency Program Emory University School of Medicine Completion Date 06/30/2015

What is the specialty of the program Internal Medicine

Do you hold specialty certification, or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? (Board eligibility does not qualify) Yes

Name of Specialty Board Certification American Board of Internal Medicine

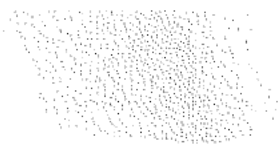
Lifetime No If not lifetime, Expiration Date 10/4/2027

Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? No

Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? No

Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? No

Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? No



PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name Victor Michael Tseng ,

Other names used (maiden, birth)

Residential address **CONFIDENTIAL**

Office address 249 Central Park Ave Virginia Beach , VIRGINIA 23462

Where do you wish to receive mail. Residential

Physician's cellular or alternative telephone number

Physician's office or practice telephone number of public record (877) 267 - 4253

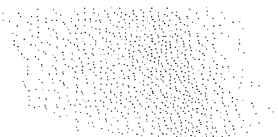
Date of Birth **CONFIDENTIAL** Gender: Male

Applicants personal email address ytseng.ansiblehealth@medallion.co

Email address delegated by applicant to receive correspondence victor@ansiblehealth.com

Social Security Number: XXX-XX-XXXX

Physician's National Provider Identifier Number 1609132281



AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN IMLC LETTER OF QUALIFICATION AND MEDICAL LICENSES IN IMLC MEMBER STATES

I, Victor Michael Tseng, (full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("Application"), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof, furnished or to be furnished with respect to my application, are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application and have answered all questions contained in the Application truthfully and completely. I further acknowledge failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as potential prosecution under appropriate federal and state laws.

I hereby apply to GEORGIA COMPOSITE MEDICAL BOARD (state) as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL, or any of its agents or representatives, to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, of any and all liability of every nature and kind, arising out of an investigation made by the SPL.

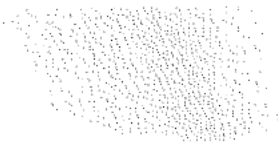
I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application. Additionally, I further authorize the SPL to process and release my application for medical licensure by one or more Member Boards including, but not limited to, personally identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind, arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application, if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a LOQ, revocation, or other disciplinary sanctions of my license(s) or permit(s) to practice medicine, in one or more Compact Member States.

Applicant Signature

Type Applicant's Name Victor Tseng
Applicant's NPI 1609132281
Date 01/05/2024



Letter of Qualification

Victor Michael Tseng

CONFIDENTIAL

Dear Dr.: Victor Michael Tseng

RE: Your application for IMLC Letter of Qualification

The GEORGIA COMPOSITE MEDICAL BOARD ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out below.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL

Typed Name Kaneisha Sankey
Title of Authorized SPL Physicians QA Specialist
Date 02/29/2024



Attribute Verification

Prepared for: IMLCC
Date of Report: 01/05/2024

Practitioner Information:

Name: Victor Tseng
Alternate Name(s): None Reported
DOB: CONFIDENTIAL
NPI: 1609132281
Graduation Year: 2012
School: University of Wisconsin Medical School
Madison, Wisconsin, United States

Graduate Medical Education:

✓ Meets IMLCC

American Medical Association

Current and/or historical ACGME-accredited graduate medical training programs

Program Name/Sponsoring Institution: University of Colorado Program

State: Colorado
Specialty: PULMONARY & CRITICAL CARE MEDICINE (INTERNAL MEDICINE)
Attendance Dates: 07/2015 - 06/2018
Training Status: COMPLETED

Program Name/Sponsoring Institution: Emory University School of Medicine Program

State: Georgia
Specialty: INTERNAL MEDICINE
Attendance Dates: 06/2012 - 07/2015
Training Status: COMPLETED

Board Actions/Federal Sanctions:

✓ Meets IMLCC

No Actions Reported

USMLE® Exam Attempts:

✓ Meets IMLCC

| USMLE® Step | Meets Requirement |
|-------------|-------------------|
| Step 1 | Yes |
| Step 2 CK | Yes |
| Step 2 CS | Yes |
| Step 3 | Yes |

ABMS® Certification History:

✓ Meets IMLCC

Disclaimer: The licensure and disciplinary information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation of State Medical Boards provides this primary source information as a Credentials Verification Organization (CVO) in accordance with standards set by NCQA and the Joint Commission. Any questions regarding the above data should be directed to the reporting board or reporting agency.

Certifying Board: American Board of Internal Medicine
Certificate: Internal Medicine
Status: Active
Expiration Date: None Reported

Certifying Board: American Board of Internal Medicine
Certificate: Pulmonary Disease
Status: Active
Expiration Date: None Reported

CONFIDENTIAL



CERTIFICATE OF LIABILITY INSURANCE

RECEIVED
By Shelly Andrews at 11:57 am, Mar 19, 2024

DATE (MM/DD/YYYY)
3/15/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|------------------------------------|
| PRODUCER Arthur J. Gallagher Risk Management Services, LLC 702 King Farm Boulevard, Suite 210 Rockville MD 20850 License#: BR-724491 ANSIIINC-01 | CONTACT NAME: Beth Peterson PHONE (A/C, No, Ext): 443-283-1375 E-MAIL ADDRESS: Beth_Peterson1@ajg.com | FAX (A/C, No): 410-910-0627 |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Underwriters at Lloyd's, London | NAIC # 32727 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

INSURED
AnsibleHealth, Inc.; Ansible Health
Ansible Health Medical Group of Kansas, P.A.
229 Polaris Avenue, Suite 10
Mountain View CA 94043

COVERAGES **CERTIFICATE NUMBER:** 133886229 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---------------------|-------------------------|-------------------------|---|----------------------|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | PRODUCTS - COM/OP AGG | \$ |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N | | | | PER STATUTE | OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Medical Professional Liability (Kansas Limits) | | | CONFIDENTIAL | 1/27/2024 | 1/27/2025 | Limit of Liability Aggregate | 500,000 1,500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Victor Tseng is included as an insured sharing in the above referenced limits.

| | |
|---|--|
| CERTIFICATE HOLDER Victor Tseng Ansible Health Medical Group of Kansas, P.A. 229 Polaris Avenue, Suite 10 Mountain View CA 94043 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|--|

From: [Victor Tseng MD](#)
To: [Victor Tseng MD](#)
Cc: [Michelle Andrews \[KSBHA\]](#); victor@ansiblehealth.com
Subject: Re: Kansas Board of Healing Arts- Compact Licensure Documentation Needed
Date: Monday, March 18, 2024 4:59:28 PM
Attachments: [TsengVictorMD - COI.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hello,

CONFIDENTIAL

Thank you

On Wednesday, March 13, 2024 at 11:53:47 AM UTC-4 Michelle Andrews [KSBHA] wrote:

Hello,

CONFIDENTIAL

ATTENTION Doctor of Medicine & Surgery: If you have applied or are applying for your initial license, please note the Board requires all licensed professionals to renew their license annually.

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Submitting a request does not guarantee the license will be issued on May 1, 2024, time of issuance will vary.

*** Email is the quickest way to communicate with me.*

Respectfully,

Shelly Andrews

Licensing Analyst

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Suite A

Topeka, Kansas 66612

Email: michelle.andrews@ks.gov

Phone: [785-296-1926](tel:785-296-1926)



This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

Licensee Details

Please see below for details for the licensee you selected.

Name: Victor Tseng Designation: MD
 Lic #: 81169 Profession: Physician Subtype: Full
 Status: Active Issued: 7/23/2018 Expires: 1/31/2026

Specialties

| Specialty/Subspecialty | Board Certified in Specialty? | Certifying Board | Primary Specialty? |
|--|-------------------------------|------------------|--------------------|
| Internal Medicine | Yes | ABIM | N |
| Pulmonary Disease and Critical Care Medicine | Yes | ABIM | Y |

Disclaimer: Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.

Practice Address

Street Address: 440 Winn Way
 Decatur GA 30030
 County: GA
 Country: United States

Related Licenses

| Relationship/Name | Dates | License Details |
|--------------------|-------|-----------------|
| No licenses found. | | |

Public Documents

No public documents to display

Physician Profile

Disclaimer: This information has been provided by the physician and has not been verified by the Board. The Patient Right to Know Act requires physicians licensed to practice in the State of Georgia to provide certain information to the Board that is to be made available to the public. The Board relies upon information provided by the physicians to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of physician profiles.

For sections where there is no data, the Physician has not provided any information pertaining to that section.

| Date of Profile Submission or Latest Update | Information |
|---|--------------------|
| 01/09/2024 | Exempt from Max PA |

Final Disciplinary Action

| Agency Name | Discipline Date | Violation Description | Action Type | Action Description |
|--------------------------------|-----------------|-----------------------|-------------|--------------------|
| No disciplinary actions found. | | | | |

Initial Licensure

| Initial License State | Initial License Issue Date | Malpractice Coverage | Exempt from Max PA |
|-----------------------|----------------------------|----------------------|--------------------|
| | | | |

Practice Location History

| City | State/Province | Country | From | To |
|---------|----------------|---------|------------|------------|
| Denver | CO | US | 07/01/2015 | 06/30/2018 |
| Atlanta | GA | US | 07/01/2018 | |

Medicaid/Medicare

| Currently Accepting Medicaid Patients? | Currently Accepting Medicare Patients? |
|--|--|
| | |

Medical Education and Training**Education/Certifications**

| School Type | From | To | Graduated | School Name |
|----------------|------------|------------|------------|-----------------------------|
| Medical School | 08/20/2008 | 06/15/2012 | 05/20/2012 | UNIV WI SOM & PUBLIC HEALTH |
| College | 04/15/2003 | 06/30/2007 | 05/30/2007 | University of Washington |

Graduate Medical Education

| Program Type/Specialty | GME/Hospital Name | From | To | City/State/Zip | Country | Graduated |
|------------------------------------|-------------------------------------|------------|------------|------------------|---------|-----------|
| Internal Medicine | Emory University School of Medicine | | | Atlanta GA 30303 | | |
| Pulmonary & Critical Care Medicine | University of Colorado | | | Aurora CO 80045 | | |
| | Emory University | 07/01/2012 | 06/30/2015 | Atlanta GA | US | |

Current Hospital Privileges

| Hospital Name | City/State/Zip |
|-----------------------------------|------------------|
| Grady Memorial Hospital | Atlanta GA 30303 |
| Emory University Hospital | Atlanta GA 30322 |
| Emory University Hospital Midtown | Atlanta GA 30308 |
| Atlanta VA Medical Center | Decatur GA 30033 |
| University of Colorado Hospital | Aurora CO 80045 |
| Denver Health Medical Center | Denver CO 80204 |
| Denver VA Medical Center | Denver CO 80220 |
| National Jewish Health | Denver CO 80206 |
| Rose Medical Center | Denver CO 80220 |
| | |
| | |

Hospital Privilege Revocations

| Hospital Name | Discipline Date | Violation Description | Action Type | Action Description |
|---------------|-----------------|-----------------------|-------------|--------------------|
| | | | | |

Criminal Offenses

| Date of Offense | Jurisdiction | Description of Offense |
|-----------------|--------------|------------------------|
| | | |

Medical Malpractice Information

List of medical malpractice court judgment and/or arbitration awards against this physician entered on or after April 11, 2001 that was in excess of \$100,000 limited to the most recent 10 years.

| Date Awarded | Amount Awarded |
|--------------|----------------|
|--------------|----------------|

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Medical Malpractice Settlement Amounts

- A. Minimum four (4) settlements (regardless of amount).
 B. Three (3) settlements with at least one (1) settlement over \$100,000.00.
 C. Any settlement in which at least one (1) payment is in excess of \$300,000.00.

| Settlement Date | Settlement Amount |
|-----------------|-------------------|
|-----------------|-------------------|

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

List of physician's articles, journals, or publications limited to the most recent ten years

| Date | Publication | Title |
|------|-------------|-------|
|------|-------------|-------|

List of professional organizations, community service organization memberships or activities

| Organization | Type | Description |
|-------------------|------------|--|
| Professional | Membership | American Thoracic Society |
| Professional | Membership | American College of Physicians |
| Community Service | Activities | Dekalb Physicians Care Clinic |
| Community Service | Activities | Decatur Arts Alliance |
| Professional | Membership | Pulmonary Vascular Research Institute |
| Community Service | Activities | American Physician Scientist Association |
| Community Service | Activities | Robinson Center for Young Scholars |

Awards

| Organization | Award/Honor |
|------------------------------------|---|
| Alpha Omega Alpha (AOA) | Elected |
| Alpha Omega Alpha (AOA) | Elected House Officer |
| Emory University Internal Medicine | Outstanding Resident of the Year (2015) |
| Emory University Internal Medicine | Outstanding Resident of the Year (2014) |
| Emory University Internal Medicine | Ambulatory Medicine Excellence Award |
| American Thoracic Society | Pulmonary Circulation Scholarship |
| Actelion Pharmaceuticals | Young Investigator Award |
| American Thoracic Society | Public Advisory Roundtable and PHA Global Association Scholarship |
| American Thoracic Society | Best Abstract Selection |
| National Jewish Health | Young Investigator Scholarship |

List of all languages excluding English used the by physician to communicate with patients and/or translation services available to their patients at the primary place of practice

| Language |
|----------|
|----------|

List of Appointments to Medical School Faculties (Not hospital affiliations or privileges)

| School | Position |
|--------|----------|
|--------|----------|

Physician's Comments

| |
|---|
| Dr. Tseng is a physician-scientist who specializes in Pulmonology and Critical Care Medicine. |
|---|

EXHIBIT 2

Maryland Board of Physicians
Physician Profile



Maryland Board of Physicians

Print Profile

Physician Profile Portal

License Number: D0099866 Dr. Victor Michael Tseng

License Type: Physician-Medical Doctor

License Status: **Suspended**

License Issued: 03/15/2024 License Expiration: 09/30/2025

- Licensure Pathway: Compact
- Special License Category: N/A

Primary Practice Setting

249 Central Park Ave
Virginia Beach, VA 23462

Public Address

249 Central Park Ave
Virginia Beach, VA 23462
US

Education

N/A

Medical Assistance and Malpractice Insurance

Accept Medicaid? No

Maintains Malpractice Insurance? No

Postgraduate Training Program

School

▶ EMORY UNIVERSITY SCHOOL OF MEDICINE PROGRAM

Concentration

Internal Medicine

Specialty Board Certification (as reported by licensee)

by American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), Royal College of Physicians and Surgeons of Canada (RCPSC), or the College of Family Physicians of Canada (CFPOC).

- ▶ Internal Medicine

📌 Self-Designated Practice Area (as reported by licensee)

- ▶
- ▶
- ▶
- ▶

📌 Maryland Hospital Privilege Information (as reported by licensee)

Licensee has not reported Maryland Hospital Privilege information for the profile site.

📌 Medical Licenses Held in Other States (as reported by licensee)

- ▶ Georgia

📌 Collaboration and Consultation Agreements

Collaboration and Consultation Agreements have not been reported for the profile site.

📌 Supervised Genetic Counselor - Active Supervisor

Supervisor Agreements have not been reported for the profile site.

📌 Active Supervisee-Evaluation and Treatment Protocol

Evaluation and Treatment protocols have not been reported for the profile site.

📌 Active Supervisee - Delegation Agreement For Core Duties

Delegation Agreements have not been reported for the profile site.

📌 Known Disciplinary Actions by any state medical board (within the past 10 years)

In Maryland:

- ▶ Date of Action: 04/26/2024 State: MD

Summary:
Suspended until physician's license is reinstated by the Georgia Medical Board.

Other States:

▶ Date of Action: 05/10/2024

State: AL

Summary:

Suspension of medical license due to action taken by another Board/Agency. (This is an administrative suspension of the medical license.)

▶ Date of Action: 05/06/2024

State: IA

Summary:

Suspension of medical license due to action taken by another Board/Agency

▶ Date of Action: 04/15/2024

State: IL

Summary:

Suspension of medical license due to action taken by another Board/Agency

▶ Date of Action: 04/08/2024


State: GA

Summary:

Summary Suspension of Medical License

Download all Maryland Disciplinary Actions


All Orders are downloaded in .pdf format.

 Order#: 04262024 (<https://www.mbp.state.md.us/bpqapp/Orders/D009986604.264.PDF>)
dated 04/26/2024

Pending Charges  [Please Read Disclaimer](#)

All Charges are downloaded in .pdf format.

None.

Other Public Actions in the Practice of the Profession or Administrative Fines (including Maryland) 
[Please Read Description](#)

No reported Other Public Actions in the Practice of the Profession or Administrative Fines for this licensee.

MALPRACTICE (Information to be taken into consideration when reviewing a licensee's profile) [Please Read Malpractice Disclosure](#)▶ **Malpractice Judgments and Arbitration Awards** (within the past 10 years)

None Reported

▶ **Malpractice Settlements** (If there are 3 or more settlements of \$150,000 or greater within the past 5 years)

None Reported

Convictions for any crime involving moral turpitude

5/16/24, 12:40 PM

MBP Practitioner Profile

None reported by the courts.

Maryland Board of Physicians 4201 Patterson Avenue Baltimore, MD 21215
410.764.4777 | Toll Free 800.492.6836

EXHIBIT 3

Georgia Summary Suspension

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA

IN THE MATTER OF:)
)
VICTOR TSENG, M.D.,) DOCKET NO. :
License No. 81169)
)
Respondent.)

GEORGIA COMPOSITE
MEDICAL BOARD

APR 08 2024

DOCKET NUMBER:
10240064

ORDER OF SUMMARY SUSPENSION

1.

WHEREAS, Victor Tseng, M.D., ("Respondent") is licensed by the Georgia Composite Medical Board ("Board") to practice as a physician in the State of Georgia.

2.

CONFIDENTIAL

4.

WHEREAS, O.C.G.A. § 43-34-8(a)(4) allows the Board to discipline the Respondent upon a finding the Respondent has "[c]ommitted a crime involving moral turpitude, without regard to conviction."

5.

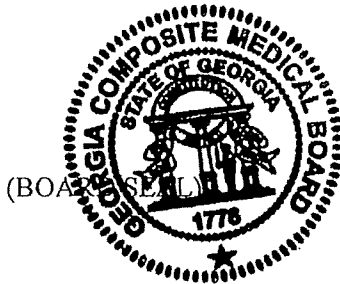
WHEREAS, "any crime designated as a felony and punishable by imprisonment would be a crime involving moral turpitude within the meaning of the law." See *Lewis v. State*, 243 Ga. 443, 445.

6.

NOW THEREFORE, the Board finds that Respondent's continued practice as a physician poses a threat to the public health, safety and welfare and imperatively requires emergency action and hereby ORDERS that Respondent's license to practice medicine in the State of Georgia be and are hereby SUMMARILY SUSPENDED pursuant to O.C.G.A. § 50-13-18(c)(1), pending further proceedings on behalf of the Board, which shall be promptly instituted.

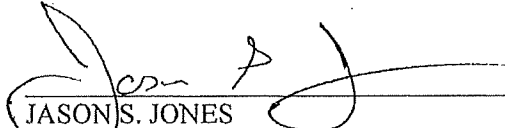
This Order is signed and attested by the Executive Director on behalf of the Georgia Composite Medical Board.

This 8th day of April, 2024.



GEORGIA COMPOSITE MEDICAL BOARD

WILLIAM BOSTOCK, D.O.
Chairperson


JASON S. JONES
Executive Director

PLEASE DIRECT ALL CORRESPONDENCE TO:
Michelle Sawyer, Assistant Attorney General
40 Capitol Square, S.W., Atlanta, Georgia 30334
Tel: (404) 458-3319 / msawyer@law.ga.gov

EXHIBIT 4

Maryland Suspension Order

IN THE MATTER OF
VICTOR M. TSENG, MD
Respondent

License Number: D0099866

* BEFORE THE
* MARYLAND STATE
* BOARD OF PHYSICIANS
* Case Number: 2224-0159

* * * * *

**ORDER FOR SUSPENSION OF LICENSE
TO PRACTICE MEDICINE**

Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) hereby **SUSPENDS** the license of **VICTOR M. TSENG, M.D.** (the “Respondent”), License Number D0099866, to practice medicine in the State of Maryland. Panel A takes such action pursuant to its authority under Md. Code Ann., Health Occ. § 14-3A-01 §§ 10(b), 24(c) and Interstate Medical Licensure Compact Rule 6.5e.

On March 15, 2024, the Respondent was licensed to practice medicine in Maryland, under License Number D0099866 through the Interstate Medical Licensure Compact (“IMLC”). Health Occ. § 14-3A-01 § 5. Georgia was the Respondent’s State of Principle Licensure under the ILMC. The Respondent’s license is current through September 30, 2025.

On or about April 22, 2024, the Board received information that the Respondent’s Georgia medical license was summarily suspended. On April 8, 2024, the Georgia Composite Medical Board (the “Georgia Board”) issued an Order titled Order of Summary Suspension in the matter of Victor Tseng, MD, Georgia Physician License No. 81169,

pending further proceedings. That Order summarily suspended the Respondent's license beginning on April 8, 2024.

Under the Compact, Health Occ. § 14-3A-01 § 10(b), "if a license granted to a physician by the member board in the state of principal license . . . is suspended, then all licenses issued to the physician by member boards automatically be placed, without further action necessary by any member board, on the same status..."

According to Rule 6.5e, "Upon receipt of notice from the Interstate Commission of an action taken by the state of principal license, the other member boards shall immediately place the Compact physician on the same status as the state of principal license."

The Compact law states in Rule 6.5f, that "If the state of principal license reinstates the disciplined Compact physician's license, it shall notify the Interstate Commission that the suspension has been terminated as soon as reasonably possible, but no later than 5 business days after the suspension has ended. The Interstate Commission shall immediately notify the other member boards. Those member boards shall reinstate the license in accordance with the Medical Practice Act of that state."

Based upon the foregoing, Panel A concludes that the Board is required to automatically suspend the Respondent's license until the Georgia Board suspension is lifted.

ORDER

It is, by a majority of the quorum of Panel A, hereby:

ORDERED that pursuant to the authority vested in Panel A by Md. Code Ann.,

Health Occ. § 14-3A-01 §§ 10(b), 24(c) and IMLC Rule 6.5e, the Respondent's license to practice medicine in the State of Maryland is hereby **SUSPENDED**; and it is further

ORDERED that Panel A will revisit the automatic suspension upon the reinstatement of the Respondent's license by the Georgia Board; and it is further

ORDERED that a copy of this Order for Suspension of License to Practice Medicine is filed with the Board in accordance with Health Occ. § 14-407; and it is further

ORDERED that the effective date of the Suspension is the date the Order of Suspension is signed by the Executive Director of the Board. The Executive Director signs the Consent Order on behalf of Disciplinary Panel A; and it is further

ORDERED that this is an Order of Disciplinary Panel A, and as such, is a **PUBLIC DOCUMENT**. See Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Provisions § 4-333(b)(6).

04/26/2024
Date

Signature On File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians