Department of Health

BARTHOLOMEW VEREB

License Number: ME30898

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/07/1957
License Expiration Date	01/31/2026

General Information

Primary Practice Address

BARTHOLOMEW VEREB
4825 RIVERVIEW BLVD. W.
BRADENTON, FL 34209

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
BLAKE MEDICAL CENTER	BRADENTON	FLORIDA
MANATEE MEMORIAL HOSPITAL	BRADENTON	FLORIDA

Email Address

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

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
FLORIDA	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 is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF P.J. SAFARIK	MD	1/10/1951 - 1/7/1957	07/07/1957

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 P J SAFARIK	KOSICE	SLOVAK REPUBLIC	01/10/1951	07/07/1957	M.D. MEDICAL DOCTOR

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
DEPARTMENT OF MEDICINE UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		KOSOCE	SLOVAK REPUBLIC	01/01/1965	12/01/1967
BUFFALO DEACONEN HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		BUFFALO	NEW YORK	07/01/1972	06/30/1973
BUFFALO GENERAL HOSPITAL	RESIDENCY	DR - RADIOLOGY		BUFFALO	NEW YORK	07/01/1973	11/01/1975
WHEELING HOSPITAL	OTHER PROGRAM	OTHER	EMERGENCY ROOM PHYSICIAN	WHEELING	WEST VIRGINIA	11/01/1974	12/01/1975
CHAUTAUQUA COUNTY HOME AND INFIRMARY	OTHER PROGRAM	OTHER	MEDICAL DIRECTOR	DUNKIRK	NEW YORK	12/01/1975	12/01/1977
	INTERNSHIP	IM - INTERNAL MEDICINE		KOSOCE	SLOVAK REPUBLIC	08/01/1957	06/01/1959
HEALTH DEPARTMENT KOCISE CITY	OTHER PROGRAM	OTHER	GENERAL PRACTICE	KOCISE CITY	SLOVAK REPUBLIC	06/01/1959	12/01/1964
DEPARTMENT OF MEDICINE UNIVERSITY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		KOSICE	SLOVAK REPUBLIC	01/01/1965	12/01/1967
MEDICAL SCHOOL DEPARTMENT OF MEDICINE		OTHER	ASSISTANT PROFESSOR	KOSICE	SLOVAK REPUBLIC	01/01/1968	04/01/1972

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 FAMILY MEDICINE	FP - FAMILY MEDICINE	
	IM - INTERNAL MEDICINE	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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.
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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
PHYSICIANS RECOGNITION AWARD (4)	AMERICAN ACADEMY OF FAMILY PHYSICIANS

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 indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

POLISH
HUNGARIAN
OTHER

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF FAMILY PHYSICIANS
MANATEE COUNTY MEDICAL SOCIETY