#### THOMAS CONSTANTINOS BARTZOKIS

## License Number: ME57525

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2027

Date

## General Information

## **Primary Practice Address**

THOMAS CONSTANTINOS BARTZOKIS 1000 NW 9TH CT. STE. 101 BOCA RATON, FL 33486

#### 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
BOCA RATON COMMUNITY HOSPITAL	BOCA RATON	FLORIDA

#### **Email Address**

Please contact at: spocktb@gmail.com

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

## 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
HARVARD MEDICAL SCHOOL	MD		06/01/1983

#### **Other Health Related Degrees**

The practitioner did not provide this mandatory information.

## **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
NEW ENGLAND DEACONESS HOSPITAL	INTERNSHIP	OTHER		BOSTON	MASSACHUSETTS	07/01/1983	06/30/1984
NEW ENGLAND DEACONESS HOSPITAL	RESIDENCY	OTHER		BOSTON	MASSACHUSETTS	07/01/1984	06/30/1986
NEW ENGLAND DEACONESS HOSPITAL	RESIDENCY	OTHER		BOSTON	MASSACHUSETTS	07/01/1986	06/30/1987
STANFORD UNIVERSITY MEDICAL CENTER	FELLOWSHIF	OTHER	CLINICAL RESEARCH IN CARDIOLOGY	PALO ALTO	CALIFORNIA	07/01/1987	06/30/1990

## **Academic Appointments**

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

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The practitioner did not provide this mandatory information.

# **Specialty Certification**

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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 - CARDIOVASCULAR DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IC - INTERVENTIONAL CARDIOLOGY	

## 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.

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 an affiliation with the following committees:
CHIEF, DEPT OF CARDIOLOGY, BOCA RATON COMMUNITY HOSPITAL
DIRECTOR OF ECHOCARDIOGRAPHY, BOCA RATON COMMUNITY HOSP

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
ACADEMIC SCHOLARSHIP	HARVARD CLUB OF BOSTON
ACADEMIC SCHOLARSHIP	CHARLES RIVER DISTRICT MEDICAL SOCIETY

#### **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
INTRAOPERATIVE ECHO-DOPPLER DURING FREE HAND AORTIC ALLO-	WESTERN THORACIC SURGICAL ASSOCIATION	06/01/1989
CIAGNOSTIC CORRELATIONS BETWEEN TREADMILL TESTING AND AMUL	CIRCULATION, SUPPLEMENT	01/01/1990
TRANSESOPHAGEAL ECHO-DOPPLER ASSESSMENT OF PULMONARY VENOU	J AM SOC ECHOCARDIOGRAPHY	10/01/1991
RESCUE DIRECTIONAL CORONARY ATHERECTOMY FOR FAILED BALLOON	JACC SUPPLEMENT	02/01/1991
A10	THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS	

## **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.

GREEK

#### **Other Affiliations**

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

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Affiliation	
AMERICAN SOCIETY OF ECHOCARDIOGRAPHY	
DIPLOMATE-AMERICAN BOARD OF INTERNAL MEDICINE	
DIPLOMATE-AMERICAN COLLEGE OF CARDIOLOGY	
FLORIDA MEDICAL SOCIETY	
MASSACHUSETTS MEDICAL SOCIETY	