



## CARLOS BEJAR MD

License Number: ME65871

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

## General Information

### Primary Practice Address

CARLOS BEJAR MD  
300 N.W 70TH AVENUE  
SUITE 302  
PLANTATION, FL 33317

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
HOLY CROSS HOSPITAL, INC.	FT. LAUDERDALE	FLORIDA
IMPERIAL POINT MEDICAL CENTER	FT. LAUDERDALE	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FT. LAUDERDALE	FLORIDA
NORTH BROWARD MEDICAL CENTER	POMPANO BEACH	FLORIDA
KINDRED HOSPITAL	FORT LAUDERDALE	FLORIDA

### Email Address

Please contact at: [cbejar@kidneygsf.com](mailto:cbejar@kidneygsf.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
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 has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD CENTRAL DEL ESTE	MD		03/20/1987
UNIVERSITY OF MIAMI	BACHELOR O	8/1/1979 - 6/1/1983	06/01/1983

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
UNIVERSIDAD CENTRAL DEL ESTE	SAN PEDRO DE MACORIS	DOMINICAN REPUBLIC	08/09/1983	03/20/1987	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
NORTHEASTERN OHIO UNIV COLLEGE OF MEDICINE	RESIDENCY	IM - INTERNAL MEDICINE		CANTON	OHIO	07/01/1989	06/30/1994
CLEVELAND CLINIC FOUNTATION	FELLOWSHIP	OTHER	NEPHROLOGY AND HYPERTENSION	CLEVELAND	OHIO	07/01/1992	06/01/1994

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT CLINICAL PROFESSOR	NOVA SOUTHEASTERN UNIVERSITY	DAVIE	FLORIDA
ADJUNCT FACULTY	UNIVERSITY OF MIAMI MILLER SCHOOL	FORT LAUDERDALE	FLORIDA

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 INTERNAL MEDICINE	IM - NEPHROLOGY	

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:  
medical review board for the state of Florida Network 7

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FELLOWSHIP GRANT	OUTSTANDING PERFORMER (PGYII)
FELLOWSHIP GRANT	OUTSTANDING PERFORMANCE (PGYIII)
APPOINTED	PGYIII RESIDENT REPRESENTATIVE

Community Service/Award/Honor	Organization
"TOP DOCTORS"	SOUTH FLORIDA MAGAZINE (NEPHROLOGY-10/97)
"TOP DOCTORS"	METRO MAGAZINE (NEPHROLOGY 10/98- THRU PRESENT
CHAIRMAN	DEPT OF NEPHROLOGY/HOLY CROSS HOSPITAL
MOST VALUABLE PHYSICIAN	BROWARD HEALTH IMPERIAL POINT

## Publications

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

Title	Publication	Date
PATHOPHYSIOLOGY OF VASCULITIS	CANTON MEDICAL JOURNAL	02/01/1992
PULMONARY LATE-PHASE RESPONSE AND ITS CLINICAL IMPLICATION	CANTON MEDICAL JOURNAL	09/01/1991
EPILEPSY AND PREGNANCY	CANTON MEDICAL JOURNAL	10/01/1990
ISSUES IN PALLIATIVE CARE: PAIN MANAGEMENT FOR ADULTS WITH END STAGE RENAL DISEASE	NEPHROLOGY NURSING JOURNAL	07/01/2019

## Professional Web Page

WWW.KIDNEYGROUPOFSOUTHFLORIDA.COM

## 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.

SPANISH

## Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF INTERNAL MEDICINE
NATIONAL KIDNEY FOUNDATION
RENAL PHYSICIANS ASSOCIATION