BRUCE M YERGIN MD

License Number: ME21067

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1977
License Expiration Date	01/31/2027

General Information

Primary Practice Address

BRUCE M YERGIN MD
10980 RIVERPORT DRIVE WEST
JACKSONVILLE, FL 32223

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
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA
BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	FLORIDA

Email Address

Not Provided

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 is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF TENNESSEE	MD		06/04/1972
UNIVERSITY OF TN,MEMPHIS COLL	MD		
UNIV OF TN, MEMPHIS, COLL OF M	MD		06/04/1972
UNIV OF TN MEMPHIS, COLL OF M	MD		06/04/1972

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
UNIVERSITY OF MIAMI/JACKSON	INTERNSHIP	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	07/01/1972	06/30/1973
UNIVERSITY OF MIAMI/JACKSON	RESIDENCY	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	07/01/1973	06/30/1974
MOUNT SINAI MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		***	FLORIDA	07/01/1974	06/30/1975
MOUNT SINAI MEDICAL CENTER	FELLOWSHIP	IM - PULMONARY DISEASE		***	FLORIDA	07/01/1975	06/30/1977
UNIV MIAMI/JACKSON	INTERNSHIP	IM - INTERNAL MEDICINE			FLORIDA	07/01/1972	06/30/1973
UNIV MIAMI/JACKSON	RESIDENCY	IM - INTERNAL MEDICINE			FLORIDA	07/01/1973	06/30/1974
MT SINAI MC-GREATER	RESIDENCY	IM - INTERNAL MEDICINE			FLORIDA	07/01/1974	06/30/1975
MT SINAI MC-GREATER	FELLOWSHIP	IM - PULMONARY DISEASE			FLORIDA	07/01/1975	06/30/1977
UNIVERSITY OF MIAMI/JACKSON	INTERNSHIP	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	07/01/1972	06/30/1973
UNIVERSITY OF MIAMI/JACKSON	RESIDENCY	IM - INTERNAL MEDICINE		MIAMI	FLORIDA	07/01/1973	06/30/1974
MT. SINAI MC-GREATER	RESIDENCY	IM - INTERNAL MEDICINE			FLORIDA	07/01/1974	06/30/1975
MT SINAI MC-GREATER	FELLOWSHIP	OTHER	PULMONARY DISEASES		FLORIDA	07/01/1975	06/30/1977

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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.
The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
02/14/2014	DUVAL	16-2015-CA-0044	06/23/2016	$240,000.00	$500,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
CHIEF/DIV PULMON MED, EXEC COMM - MEM HOSP OF JACKSONVILLE

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PRESIDENT, FIVE OUTSTANDING YOUNG MEN OF JACKSONVILLE 1982	NE BRANCH AMER LUNG ASSN, JACKSONVILLE JAYCEES
	JACKSONVILLE ENVIRONMENTAL PROTECTION BOARD 1983-1986

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 not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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

Affiliation
AMER THORACIC SOC, FL PULMONOL SOC, FMA, DUVAL CO MED SOC