

JACKSONVILLE ORTHOPAEDIC INSTITUTE
BEACHES DIVISION

NOTICE OF INITIATION OF MEDICAL TREATMENT
PURSUANT TO FLORIDA STATUTE 627.736

PATIENT _____ DATE OF LOSS ____/____/____

INSURANCE CO _____ CLAIM NUMBER _____

Dear Sir/Madam:

Please be advised that the above medical provider is hereby giving notice pursuant to F.S. 627.736 of initiation of medical treatment within 21 days after first examination or treatment of the claimant. By giving the aforementioned notice, the medical provider may bill for charges for treatment or services rendered up to, but not more than, 75 days before the postmark date of the billing statement.

Very truly yours,

Jacksonville Orthopaedic Institute
BeachDivision
410 Jacksonville Drive
Jacksonville Beach, FL 32250

Billing Address
Jacksonville Orthopaedic Institute
1325 San Marco Blvd., Suite 200
Jacksonville, FL 32207

OFFICIAL CERTIFICATION OF PATIENT AS TO INSURANCE COVERAGE

PATIENT _____ DATE OF LOSS ____/____/____

INSURANCE CO _____ CLAIM NUMBER _____

I, as the above captioned patient hereby attest that to the best of my knowledge, that the insurance claims information I have provided above is in fact the correct insurance information under which I am entitled to medical and/or PIP coverage.

I understand that the medical provider is relying on this correct information in order to receive the appropriate coverage and qualify for payment for medical services provided to me.

SIGNATURE _____ DATE ____/____/____