

Date: _____

Patient Name: _____

Insured Name: _____

Claim Number: _____

Insurance Company: _____

Date of Onset: _____

Notice of Initiation of Treatment

To whom it may concern:

This document shall serve as our formal Notice of Initiation of treatment pursuant to the Florida Statute § 627.736 (5)(c). This notice is being sent pursuant to the Florida Statute within 21 days after this facility's first examination or treatment of the above referenced claimant.

Because this notice has been timely provided, the law allows statements from this provider to include charges for treatment or services rendered up to, but not more than, 75 days before the postmarked date of the statement sent. Please take note and govern yourself accordingly.

Respectfully,

Billing Manager

Completed By: _____ (please initial)