



**VERNE CHIROPRACTIC CLINIC, PA**

**Michael H, Verne, D.C., CSCS**

467 Lake Howell Road, Suite 204, Maitland, FL 32765

Office (407) 657-2225 Fax (407) 657-2220

**NOTICE OF INITIATION OF TREATMENT  
PURSUANT TO FLORIDA STATUTE 627.736**

PATIENT \_\_\_\_\_ DATE OF ACCIDENT \_\_\_\_/\_\_\_\_/\_\_\_\_  
INSURANCE CO \_\_\_\_\_ CLAIM # \_\_\_\_\_

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.

Thank You,

**Verne Chiropractic Clinic, PA**  
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Maitland, FL 32751  
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**OFFICIAL CERTIFICATION OF PATIENT AS TO INSURANCE COVERAGE**

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.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_