



8333 Gunn Hwy.
Tampa, FL 33626
813-926-9500 Ph
813-433-5517 Fx

NOTICE OF INITIATION OF TREATMENT
PURSUANT TO FLA. STAT. 627-736

DATE: _____

TO: Insurance Company: _____

Adjustor: _____

Fax: _____ Pages Included: _____

Date of Accident: _____

Claim #: _____

Insured: _____

Patient(s): _____

FROM: OPTILIFE CHIROPRACTIC LLC

Dear Personal Injury Protection Insurer:

We are hereby submitting notice to you that we have initiated examinations and/or treatment of your insured. The patient's first date of treatment occurred on: _____.

Enclosed, please find a direction to pay, which the patient has directed you to send all payment for services rendered to the undersigned. The patient has also granted us a lien on the benefits.

In accordance with F.S. 627.736(5) (b), our office will be submitting bills in a timely manner. Please retain this notice in your claim file.

Please provide the PIP/Medpay & UM benefits on this policy including the deductible amount & if met. Also, if the PIP benefits are already exhausted, please fax us ASAP.

Thank you,
Billing Department