

JUVENAL E. MARTINEZ, M.D.,P.A
Diplomate American Board of Family Medicine
VICTOR M. MARTINEZ, M.D.

FINANCIAL RESPONSIBILITY

FLORIDA STATUTES (458.320), PURSUANT TO CHAPTER 458

Dear Patient:

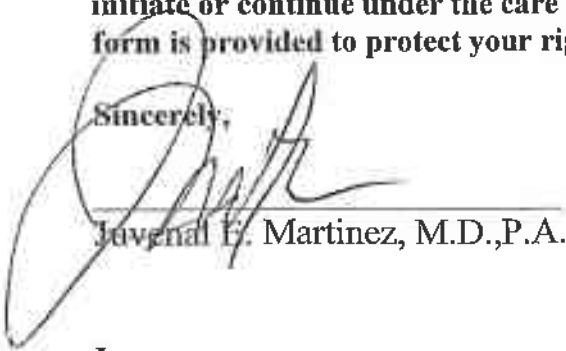
“Under Florida law Statute (458.320), chapter 458, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice.

YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE

INSURANCE. This is permitted under the above-mentioned Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.”

This document MUST BE SIGNED AND WITNESSED before you initiate or continue under the care of the above-mentioned physicians. This form is provided to protect your rights under Florida Statute 458.320.

Sincerely,



Juvenal E. Martinez, M.D.,P.A.

I, _____, have read this
(PRINT FULL NAME HERE)
document and acknowledge and understand its contents.

Patient Signature: _____ Date _____

Witness Signature: _____ Date _____