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Important Notice

January 1, 2003

Dear Patient
"Under Florida law, physicians are generally required to carry malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice.

YOUR DOCTORS MEET THESE REQUIREMENTS AND HAVE
DECIDED TO BECOME SELF-INSURED AND NOT
CARRY COMMERCIAL MEDICAL MALPRACTICE INSURANCE.

This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against non insured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law Title XXXII Chapter 458.320."

The undersigned patient, spouse and/or legal guardian or parents acknowledges that she or he has received a copy, read and understands this Medical Malpractice Insurance notice. Furthermore, the undersigned acknowledges this notice was not signed under duress and that all of the patient's questions relating heretofore have been answered to the patient's satisfaction.

_____/_____/_____	_____	_____
Date	Patient's signature	Patient's spouse, legal guardian or parent