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Insurance Information

I have elected not to carry Medical Malpractice Insurance or otherwise demonstrate financial responsibility. However, we agree to satisfy any adverse judgements up to the minimum amounts pursuant to S.458.320 (5) (g).Florida Law imposes penalties against non-insurance physicians who fail to satisfy adverse judgements arising from claims of medical malpractice. This notice is pursuant to Florida Law.

Patient Name (Print) Patient Date of Birth

Patient or Parent Signature Date