Standard Disclosure and Acknowledgement Form Personal Injury Protection - Initial Treatment or Service Provided

The undersigned insured person (or guardian of such person) affirms:

1. pr e	The services or treatment set for treatment set for the services or the services of the	orth below were actually rendered. This means t	that those services have already been
2.	I have the right and the duty to confirm that the services have already been provided.		
3.	I was not solicited by any person to seek any services from the medical provider of the services described above.		
4.	The medical provider has explained the services to me for which payment is being claimed.		
5. by	If I notify the insurer in writing of a billing error, I may be entitled to a portion of any reduction in the amounts paid y my motor vehicle insurer. If entitled, my share would be at least 20% of the amount of the reduction, up to \$500.		
Ins	ured Person (patient receiving tro	eatment or services) or Guardian of Insured Person	n:
Na	me (PRINT or TYPE)	Signature	Date
	e undersigned licensed medical p	rofessional or medical director, if applicable, affin	rms the statement numbered 1 above
	I have not solicited or caused the a claim for Personal Injury Pr	he insured person, who was involved in a motor votection benefits.	vehicle accident, to be solicited to
	The treatment or services renderson to sign this form with inform	ered were explained to the insured person, or his or and consent.	r her guardian, sufficiently for that
		r bill is properly completed in all material provise that each request for information has been respond	
up	coded, unbundled, or constitute	te accompanying statement or bill is proper. This is an invalid or not medically necessary diagnost tes or Section 627.736(5)(b)6, Florida Statutes.	
	eensed Medical Professional Renal (nd):	dering Treatment/Services or Medical Director, if	applicable (Signature by his/her own
Na	me (PRINT or TYPE)	Signature	Date
		h intent to injure, defraud, or deceive any insurer complete, or misleading information is guilty of a	

Note: The **original** of this form must be furnished to the insurer pursuant to Section 627.736(4)(b), Florida Statutes and may **not** be electronically furnished. Failure to furnish this form may result in non-payment of the claim.

817.234(1)(b), Florida Statutes.