



# Instant Medical Care

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Kissimmee, FL 34746  
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## NOTICE OF INITIATION OF TREATMENT

**Claim Number:**

**Patient Name:**

**Date:**

**Practice/Provider Name:**

**First Date of Service:**

To Whom It May Concern:

This document shall serve as our formal Notice of Initiation of Treatment pursuant to Fla. Stat. § 627.736(5)(c). This notice is being sent, pursuant to Florida Statutes, within 21 days after this facility's first examination or treatment of the above referenced claimant. Because this notice has been timely provided, the law allows statements from this provider to include charges for treatment or services rendered up to, but not more than, 75 days before the postmark date of the statement sent.

Please take note and govern yourself accordingly.

Respectfully,

Account Manager