DR. JUAN ESCOBAR, D.C.
Doctor of Chiropractic Medicine
(Activator Methods Technique)
State and National Board-Certified

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NOTICE OF INITIATION OF TREATMENT

Claim Number: _____ Today's Date: _____

Patient's Name: _____ Patient DOB: _____

Patient's Address: _____ Zip Code: _____

DOL: _____ Insurance Policy #/Carrier: _____

Date first seen: _____ Adjuster Name (if PIP): _____

Adjuster Phone #: _____

Adjuster Email: _____ Adjuster Fax #: _____

Practice / Provider Name: Dr. Juan Escobar, D.C.

To Whom It May Concern:

This document shall serve as our formal Notice of Initiation of Treatment pursuant to Florida Stat. 627.736(5) ©. This notice is being sent, pursuant of 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,

Dr. Juan Escobar, D.C
Office Manager