



FLORIDA FINANCIAL RESPONSIBILITY FORM

NAME: _____ LICENSE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Mailing address will not be published on the internet.

1st PRACTICE LOCATION: _____

CITY: _____ STATE: _____ ZIP: _____

Practice locations will be published on the internet.

2nd PRACTICE LOCATION: _____

CITY: _____ STATE: _____ ZIP: _____

Practice locations will be published on the internet.

Financial Responsibility options are divided into two categories, coverage and exemptions. **Choose only one option of the ten provided** pursuant to s.458.320, Florida Statutes.

CATEGORY I: FINANCIAL RESPONSIBILITY COVERAGE FOR FLORIDA PRACTICE ONLY

- 1. I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F.S.
- 2. I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627.357, F .S.
- 3. I do not have hospital staff privileges and I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/\$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- 4. I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
- 5. I have elected not to carry medical malpractice insurance, however, I agree to satisfy any adverse judgements up to the minimum amounts pursuant to s. 458.320(5)(g) 1 or 459.0085(5)(g)1, F. S. I understand that I must either post notice in the form of a "sign" prominently displayed in the reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5)(g) or 459.0085(5)(g), F. S.

CATEGORY II: FINANCIAL RESPONSIBILITY EXEMPTIONS FOR FLORIDA OR OUT OF STATE PRACTICE

- 1. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
- 2. I hold a limited license issued pursuant to s. 458.317 or 459.0075, F. S., and practice only under the scope of the limited license.
- 3. I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption).
- 4. I do not practice medicine in the State of Florida, or
- 5. I meet all of the following criteria:
 - (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years.
 - (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year.
 - (c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period.
 - (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458 or 459, F. S.
 - (e) I have not been subject, within the past ten years of practice, to license revocation or suspension, probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458 or 459, F.S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license stipulation, consent order or other settlement offered in response to or in anticipation of filing of administrative charges against a license shall be construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in the form of a sign, prominently displayed in the reception area or provide a written statement to any person to whom medical services are being provided, that **“I have decided not to carry medical malpractice insurance”**. I understand such a sign or notice must contain the wording specified in s. 458.320(5)(f)7 or 459.0085(5)(f)7, F. S.

Signature of Physician

Date

The Dept. of Financial Services provides a web site listing only authorized insurers pursuant to s.624.09, F.S. Before choosing an insurer, review the web site to insure compliance with the Florida Statutes.
<http://www.fldfs.com/data/companysearch/index.asp>

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Board of Medicine
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