

## Notice of Emergency Medical Condition (EMC)

The undersigned licensed medical provider hereby affirms:

1. The below injured patient, has in the opinion of this medical provider. Suffered an Emergency Medical Condition, as a result of the patients injuries sustained in an automobile accident that occurred on \_\_\_\_\_.
2. The basis for this finding is in accordance to Florida PIP statute 627.732 which states the basis for the finding of an Emergency Medical Condition is that the patient has sustained acute symptoms of sufficient severity, which may include moderate to severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: a) serious jeopardy to the patients health; b) serious impairment to bodily functions; c) serious dysfunction of a bodily organ or part.

I hereby attest that I am a physician licensed under chapter 458 or chapter 459, a dentist under chapter 466, a physician assistant under chapter 458 or chapter 459, or an advanced registered nurse practitioner licensed under chapter 464, and that the above facts are correct.

\_\_\_\_\_  
Name of Medical Provider

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

The undersigned injured person or legal guardian of such person affirms:

- 1) The symptoms I reported to the medical provider are true and correct.
- 2) I understand the medical provider has determined I sustained an EMC as a result of the injuries I suffered in the accident.
- 3) The medical provider has explained to my satisfaction the need for future medical attention and the negative consequences to my health that may occur if I do not receive future treatment.

Injured patient receiving this diagnosis or legal guardian of said injured patient:

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Injured Person  
Or Guardian

\_\_\_\_\_  
Date