



COASTAL OB/GYN, P.A.
25 Doctors Drive /600 MLK Jr
Panama City, Fl 32401

NICA PROGRAM
PARTICIPATION

RECEIPT OF NOTICE TO OBSTETRIC PATIENT

I have been furnished information in the form of a Brochure prepared by the Florida Birth-Related Neurological Injury Compensation Association (NICA), pursuant to Section 766.316, Florida Statutes, by Coastal OB/GYN, P.A., (the "Physicians Group"), and have been advised that all physicians in the Physicians Group are participating physician(s) in that program, wherein certain limited compensation is available in the event certain types of qualifying neurological injuries may occur during labor, delivery or resuscitation in a hospital. For specifics on the program, I understand I can contact the Florida Birth-Related Neurological Injury Compensation Association, Post Office Box 14567, Tallahassee, Florida 32317-4567, (800) 398-2129.

I specifically acknowledge that I have received a copy of the Brochure prepared by NICA.

DATED this ____ day of _____, 20__.

 Signature of Patient

 Printed Name of Patient

Social Security No: _____

Patient's Account No: _____

 Witness

Date: _____