



OFFICE OF INSURANCE REGULATION

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May 7, 2008

Mr. Hans Kennon
Morgan & Morgan
16th Floor
20 N. Orange Avenue
P.O. Box 4979
Orlando, FL 32802-4979

RE: Form OIR-B1-1809 (New 1-2008)

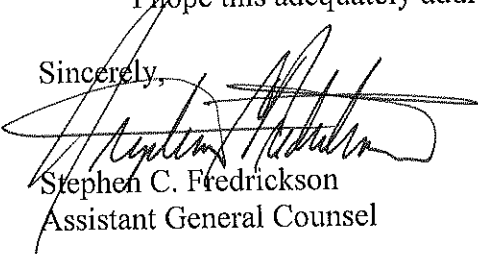
Dear Mr. Kennon:

Thank you for your letter addressed to Commissioner McCarty. I have reviewed your letter and the new PIP legislation. As I indicated in our recent phone conversation, form OIR-B1-1809 was prepared and adopted pursuant to s. 627.736(1)(a), F.S. wherein the Financial Services Commission is directed to adopt a form to be used by the providers referenced in subparagraphs 3., 4. and 5. The form is not applicable to services that are provided, supervised, ordered, or prescribed by the referenced health care professionals. Accordingly, an insurer should not be requiring these health care providers to submit form OIR-B1-1809.

Due to the confusion created by the new legislation, the Office has developed an optional form, OIR-B1-1773 (copy enclosed) to be utilized by health care providers which render services provided, supervised, ordered or prescribed by a physician licensed under Chapter 458 or Chapter 459, a dentist licensed under Chapter 466, or a chiropractic physician licensed under Chapter 460. You also access this form on the OIR website www.floir.com.

I hope this adequately addresses your concerns.

Sincerely,


Stephen C. Fredrickson
Assistant General Counsel

Enclosure/Attachment

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**OFFICE OF INSURANCE REGULATION
PROPERTY & CASUALTY PRODUCT REVIEW**

CERTIFICATION OF MEDICAL SERVICES OR CARE LAWFULLY PROVIDED, SUPERVISED, ORDERED OR PRESCRIBED PURSUANT TO SECTION 627.736(1)(a), FLORIDA STATUTES

(This form may be used to certify that services or care were lawfully provided, supervised, ordered or prescribed and may be submitted with the claim form)

I, _____, _____ pursuant to Section
(Print or type name) (Print or type title)
627.736(1)(a), Florida Statutes, under oath do swear and attest, under penalty of perjury, that the services or care are lawfully provided, supervised, ordered or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460.

(Check all applicable boxes)

1. Please check below the manner in which the services or care were rendered.

provided supervised ordered or prescribed (attach a copy of the order or prescription)

2. Please list the name(s), address(es), Florida practice license number(s) (including prefixes and suffixes, if any), of the person who lawfully provided, supervised, ordered or prescribed services or care. (Please add additional pages if necessary).

Name	Address	License Number

(Signature) Executive Officer, Medical or Clinic Director

(Title)

(Print or Type Name)

(Board or Department of Health License No. with suffix)

(Corporate Name of Entity or Clinic, as filed with Florida Department of State, i.e. Inc., LLC, LLP, P.A., etc.)

Address)

(City)

(State)

(Zip)

(Phone)

(AFTER AN INITIAL, NOTARIZED SUBMISSION TO AN INSURER THIS FORM MAY BE COPIED FOR SUBMISSION TO THAT INSURER, PROVIDED THERE HAS BEEN NO CHANGE TO THE INFORMATION CONTAINED ON THE FORM.)

Notarization of Health Care Provider:

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____.

Personally Known _____ OR Produced Identification _____ (Type of Identification Produced)

Notary Signature _____

My commission expires: _____