



4406 S. FLORIDA AVENUE, SUITE 16 ♦ LAKELAND, FLORIDA 33813  
LAKELAND: (863) 688-1800 ♦ FAX: (863) 688-1824 ♦ WINTER HAVEN: (863) 292-0921

## NOTICE OF INITIATION OF TREATMENT

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PROVIDER: Leading Edge Physical Therapy & Sports, Inc.

PATIENT NAME: \_\_\_\_\_

INSURED: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

To Whom It May Concern:

Please be advised that I have been consulted by and have been rendering medical treatment to the above referenced patient, with the patient's first date of treatment occurring on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Enclosed, please find a direction to pay, by which the patient has directed you to send all payments for services rendered to the undersigned. The patient has also granted us a lien on the benefits.

In accordance with F.S.627.736(5)(b), I will be timely submitting the bills.

Thank you,

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Patient Signature