

Department of Health, Board of Medicine
ANESTHESIOLOGIST ASSISTANTS
FINANCIAL RESPONSIBILITY
(Please Print the Following Information)

NAME: _____ LICENSE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Mailing address will not be published on the Internet.

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 five provided pursuant to s.458, Florida Statutes.**

FINANCIAL RESPONSIBILITY COVERAGE:

- 1. 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.
- 2. 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.

FINANCIAL RESPONSIBILITY EXEMPTIONS:

- 3. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
- 4. I do not practice medicine in the State of Florida.
- 5. I practice only in conjunction with my teaching duties at an accredited school or its main teaching hospitals.

Signature of Anesthesiologist Assistant _____

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/indes.asp>

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Board of Medicine
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Tallahassee, Florida 32399-3253
Tel: (850) 245-4131, Fax: (850) 488-0596