



FLORIDA BIRTH-RELATED
NEUROLOGICAL INJURY COMPENSATION ASSOCIATION

Dear Parent(s):

The following is a statement which must be signed, dated and returned to our office each time you send in a request for reimbursement. Each time you receive a check from our office, another statement will be enclosed for the next requested reimbursement.

Please remember to sign and date this form and attach it with your request for reimbursement.

I affirm, under penalty of perjury, that the attached item(s) do not contain any false, incomplete or misleading information, that I have not omitted or concealed any material information, and that I have not already received reimbursement from a third party for the attached item(s). This item(s) is being submitted for payment by NICA under Statute 766.31, F.S., and I understand that NICA is materially and substantially relying upon this affirmation in processing the attached item(s) for payment.

Parent's Signature

Date

As always, if you have any questions, please do not hesitate to contact our office.