



NOTICE TO PATIENTS (NICA)

I have been furnished information by **Women's Healthcare of Kendall, LLC** prepared by the Florida Birth Related Neurological Compensation Association, and have been advised that Women's Healthcare of Kendall, LLC and Physicians may be a participating physician in that program, wherein certain limited compensation is available in the event certain neurological injury may occur during labor, delivery, or resuscitation.

For specifics on the program, I understand I can contact the **Florida Birth Related Neurological Injury Compensation Association (NICA)**,

PO Box 14567, Tallahassee, Florida 32317-4567, (800)398-2129.

I further acknowledge that I have received a copy of the brochure prepared by NICA. Dated this _____ day of _____, 202__.

Patient Signature: _____

Print Full Name: _____

Date of Birth

Witness:
Date