



Application for Exemption from Pain Management Clinic Registration

Department of Health
Pain Management Clinic Registration Program

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: <http://www.floridahealth.gov/licensing-and-regulation/office-surgery-registration/index.html>

Email: PMC_OSR@flhealth.gov

Phone: (850) 245-4131

Fax: (850) 488-0596



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Select Registration Type for Pain Management Clinic Exemption (1533)

Initial Application

Renewal: Certificate of Exemption #: _____

1. BUSINESS INFORMATION

Corporate or Legal Name of Pain Management Clinic: _____

Fictitious or Doing Business As (D/B/A): _____

Federal Employer Identification # (FEIN): _____

Mailing Address _____ Suite No. _____ City _____

State _____ ZIP _____ Telephone (Input without dashes) _____ Fax Number (Input without dashes) _____

Pain Management Clinic Physical Location _____ Suite No. _____ City _____

State _____ ZIP _____ Email Address* _____

* Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. QUALIFICATION FOR EXEMPTION - Select one and provide documentation of exemption.

<input type="checkbox"/>	Clinic licensed as a facility under Chapter 395, Florida Statutes.
<input type="checkbox"/>	The majority of physicians providing services in the clinic provide primarily surgical services.
<input type="checkbox"/>	Clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded 50 million dollars.
<input type="checkbox"/>	Clinic is affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.
<input type="checkbox"/>	Clinic does not prescribe controlled substances for the treatment of pain.
<input type="checkbox"/>	Clinic is owned by a corporate entity exempt from federal taxation under 26 United States Code, section 501 (c) (3).
<input type="checkbox"/>	Clinic is wholly owned and operated by one or more board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists.
<input type="checkbox"/>	Clinic is wholly owned and operated by a physician multispecialty practice where one or more board-eligible or board-certified medical specialists, who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or who are also board-certified in pain medicine by the American Association of Physician Specialists, or the American Osteopathic Association and perform interventional pain procedures of the type routinely billed using surgical codes.

Clinic Owner Printed Name: _____

Clinic Owner Signature: _____ Date: _____

MM/DD/YYYY