

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: [FloridaHealth.gov/licensing-and-regulation/pain-management-clinics/](https://www.floridahealth.gov/licensing-and-regulation/pain-management-clinics/)

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 Board of Pain Medicine or a board approved by the American Board of Physician Specialties 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