



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

This package is designed to assist individuals in preparing the application with all the information required by statute and facilitate expeditious processing of the application by the Office. This package includes five (5) categories of information:

Section I	Application Fees and Form
Section II	Legal
Section III	Financial and Related Information
Section IV	Management
Section V	Forms and Rates

It is extremely important that the application be completed in its entirety in the format specified.

Please submit your package in a tabbed binder. (Example: the tab labeled II-1 would contain the certified Articles of Incorporation and all amendments).

THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE!

It is recommended that, prior to filing the application, you schedule a pre-filing conference with the Managed Care Section to review any particular problems that our Office has encountered in the past. Although the pre-filing conference is not a statutory requirement, it has proven beneficial to both the applicant and the Office. To schedule a conference, please call (850) 413-2570.

Once the application is complete, mail it to:

Florida Office of Insurance Regulation
Company Admissions
200 East Gaines Street, Larson Building
Tallahassee, Florida 32399-0332

**IN ORDER FOR A SUBMISSION TO BE CONSIDERED A COMPLETE APPLICATION,
ALL REQUIRED INFORMATION MUST BE INCLUDED IN THE FILING. FILINGS THAT
DO NOT INCLUDE ALL REQUIRED INFORMATION WILL BE DISAPPROVED OR
RETURNED.**

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**INSTRUCTIONS
SECTION I - APPLICATION FEES AND FORM**

Section I-1 Application Fees

Applicants must pay a filing fee of \$500.00. The fee is due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:
Florida Department of Financial Services
Bureau of Financial Services
Post Office Box 6100
Tallahassee, Florida 32314-6100

Place a copy of the INVOICE and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fees.

Section I-2 Fingerprint Fees

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-5).

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

NOTE: **Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

Section I-3 Application for Certificate of Authority (Official Form)

On this form, list the lines of business by code (see enclosed classifications and code number form) that you intend to write in the State of Florida. **THE COMPANY MUST BE AUTHORIZED IN ITS STATE OF DOMICILE FOR THE LINES OF BUSINESS THAT ARE BEING REQUESTED.** When a Certificate of Authority is issued by the Office of Insurance Regulation, it will include only those lines listed on this form and addressed in the proformas in the Plan of Operations. This form must be under corporate seal and signed (original signatures) by both the President or Chief Executive Officer and the Secretary of the Company.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

SECTION II - LEGAL

Section II-1 Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. These documents must be certified by the Florida Secretary of State. The certificate must be an original obtained from the Florida Secretary of State's office no earlier than six months prior to the date the application is filed.

Section II-2 Certificate of Status from Florida Secretary of State

Provide a Certificate of Status. This is a document issued by the Florida Secretary of State. The document certifies that the corporation is duly organized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. [s. 636.005, F.S.]

If you have any questions concerning filing with the Secretary of State, please contact their Division of Corporations at (850) 245-6051.

Important note: The Secretary of State will issue a charter to a prepaid limited health service organization before the Office of Insurance Regulation completes its processing of an application for a certificate of authority. This charter authorizes the company to engage in any type of business except insurance. **Your company MAY NOT engage in the business of a prepaid limited health service organization in Florida until it has been issued a Certificate of Authority by the Director of Insurance Regulation.**

Section II-3 By-Laws, Constitution, or Rules and Regulations

Include one set of the corporation's By-Laws, Constitution, and/or Rules and Regulations in this section. These documents must be accompanied by a Board Resolution signed and dated by the Secretary of the corporation, stating that the documents are a true and correct copy. **NO** other signatures will be accepted other than the Secretary's signature.

Section II-4 Certificate of Compliance (Foreign Applicants Only)

Provide a Certificate of Compliance. A Certificate of Compliance is a document issued by the public official having supervision of insurance in applicant's state of domicile showing that the company is duly organized and authorized to issue prepaid limited health service contracts therein and the kinds of contracts it is so authorized to transact. The certificate should be an original under seal by the insurer's state of domicile.

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 Marketing and Growth

Submit a description of the proposed method of marketing, including the target groups, types of coverage to be offered, advertising media to be used, and contact representatives to be used. Also, submit a detailed marketing budget which reflects the proposed method of marketing for a three-year period. Include such items as compensation, local and out-of-town travel, equipment, printing and postage, advertising and public relations, expense accounts, meeting costs, and any applicable publications.

Section III-2 Advertising

Submit a full disclosure of the PLHSO's proposed advertising. All advertisements shall be available in English and shall include all printed and published material, descriptive literature and sales aids, sales talks and sales material, forms and pamphlets, illustrations, depictions and form letters, newspaper, radio, television, or direct mail. The full name and address of the PLHSO must be clearly contained in all advertisements. Each piece of advertising shall have a unique number or designation which will readily identify it from all other advertising.

Section III-3 Marketing Personnel

Submit a list of licensed health agents to be used initially in soliciting contracts or procuring applications.

Section III-4 Insurance

- A. Furnish evidence of adequate insurance coverage (copy of insurance policy) or an adequate plan for self-insurance to respond to claims for injuries arising out of the furnishing of limited health services.
 - (1) General liability.
 - (2) Medical malpractice or professional liability.

- B. Furnish evidence that a blanket fidelity bond in the amount of at least \$50,000. has been obtained (copy of bond). All employees handling the funds must be covered by the blanket fidelity bond. In lieu of the bond, the applicant may deposit with the Office cash or securities or other investments of the types set forth in section 636.042, Florida Statutes.

Section III-5 Financial

- A. A copy of the applicant's most recent financial statements audited by an independent certified public accountant.
- B. A copy of the applicant's financial plan, including a three-year projection of anticipated operating results, a statement of the sources of funding, and provisions for contingencies, for which projection all material assumptions shall be disclosed. Financial projections shall include:
 - (1) A balance sheet.
 - (2) An income statement.
 - (3) A cash flow analysis.
 - (4) A change in financial position.
- C. A description of how the applicant will comply with Section 636.046, Florida Statutes.
 - (1) Each PLHSO shall deposit with the Office cash or securities of the type eligible under Section 625.52, F.S., which shall have at all times a market value of \$50,000.
 - (2) If for any reason the market value of assets and securities of a PLHSO held on deposit in this state falls below the amount required, the organization shall promptly deposit other or additional assets or securities eligible for deposit sufficient to cure the deficiency.
- D. **Each PLHSO shall at all times maintain a minimum surplus in an amount which is the greater of \$150,000 or 10% of total liabilities.**
- E. Evidence that the applicant is financially responsible and may reasonably be expected to meet its obligations to enrollees and to prospective enrollees. This should include:
 - (1) Statement of the financial soundness of the applicant's arrangements for limited health services and the minimum standard rates, deductibles, co-payments, and other patient charges used in connection therewith.
 - (2) The adequacy of surplus, other sources of funding, and provisions for contingencies.
- F. Furnish a statement from a qualified independent actuary that the entity is actuarially sound.

- A. A copy of the form of all contracts made or to be made between the applicant and any providers regarding the provision of limited health services to enrollees. Include a copy of each type of contract, with a signature page from each executed contract.
- B. A copy of the form of any contract made or to be made between the applicant and any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of limited health services to enrollees.
- C. Copies of all relevant business leases, including rental of real property, equipment, etc. Include the anticipated cost for the life of the lease. If there are no business leases, please so indicate.

Section III-7 Enrollment

Describe the following assumptions underlying enrollment projections:

- A. A monthly projection of enrollment for a three-year period.
- B. Number of eligibles residing within the service area.
- C. Contract size assumptions (contract distribution and content).
- D. Penetration assumptions and rationale, including initial enrollments and renewals.
- E. Allowance for voluntary/involuntary disenrollment and group contract additions during the year.
- F. Date of break even (month, year) based on number of enrollments.

Section III-8 Certificate of Deposit (Foreign Insurers Only)

A Certificate of Deposit is a document issued by the public official having supervision of insurance in the applicant's state of domicile showing the amount and the composition of the deposit maintained by the insurer in another state. The certificate must be an original, sealed by the insurer's state or country of domicile.

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION
SECTION IV - MANAGEMENT**

ALL NAMES PROVIDED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES (no abbreviations).

Section IV-1 A list of the names (alphabetically), addresses, and official positions of the individuals who are responsible for conducting the applicant's affairs, including but not limited to, all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the officers, contracted management company personnel, and any person or entity owning or having the right to acquire ten percent or more of the voting securities of the applicant. Such persons shall fully disclose to the Office and to the directors the extent and nature of any contracts or arrangements between them and the PLHSO, including any possible conflicts of interest.

Section IV-2 A list of the owners of the PLHSO, including the extent of the ownership interest of each person or entity and an organizational chart depicting all levels of ownership, including all subsidiaries and parent organizations along with all affiliated companies and corresponding percentages of ownership.

Section IV-3 Biographical Statement and Affidavits (Official Form), are to be submitted for all officers, directors, managers, and administrators of the PLHSO and all persons controlling and/or owning 10% or more of the ownership interest of the PLHSO. Be sure to include the management positions such as the executive director, medical director, finance director, and marketing director.

A Biographical Statement and Affidavit form (OIR-C1-1423) is included in this application package for you to duplicate and use in order to complete this section. All questions must be answered and all "yes" answers must be accompanied by an explanation. Each Biographical Statement and Affidavit must contain an original signature of the principal and an original notary seal. **Please file an original in the order of the list from Section IV-1. Do not retype the official Biographical Statement and Affidavit form. Retyped forms will not be accepted.**

The requirements for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the Biographical Affidavit, please include the affiant's name and social security on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and

responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

Section IV-4 An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor prior to or contemporaneously with the application filing. Please refer to form OIR-C1-905 for instructions.

Section IV-5 Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

Section IV-6 A statement generally describing the applicant, its facilities and personnel, and the limited health service to be offered.

Section IV-7 A description of the subscriber complaint procedures to be established and maintained as required under Section 636.038, Florida Statutes.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION
SECTION V - FORMS AND RATES**

NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS OR RATES.

Section V-1 Forms

- A. Submit three copies of the policy, contract, certificate of coverage, member handbook, application, or any other form the applicant proposes to offer the subscriber. This includes any form showing the benefits to which the subscriber is entitled and any form used in the enrollment process. Every form which the PLHSO will use in connection with its subscriber contracts must be submitted and must be identified by a unique form number located on the lower left corner of the form.

- B. Each subscriber contract must state the procedures for offering limited health services and offering and terminating contracts to subscribers which will not unfairly discriminate on the basis of age, sex, race, handicap, health, or economic status.

Section V-2 Rates

Submit three copies of the complete schedule of proposed premium rates for each type of contract. The submission for each separate contract should contain an opinion from a qualified independent actuary or a qualified employee. The opinion shall:

- (1) Certify that the rates are neither inadequate nor excessive nor unfairly discriminatory;
- (2) Certify that the rates are appropriate for the classes or risks for which they have been computed; and
- (3) Present an adequate description of the rating methodology, following consistent and equitable actuarial principles.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**CHECK LIST
SECTION I - APPLICATION FEES AND FORM**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Insurer application fees paid	<input type="checkbox"/>
(a) Copy of invoice included (Official Form)	<input type="checkbox"/>
(b) Copy of check	<input type="checkbox"/>
(c) Placed in Section I	<input type="checkbox"/>
(d) Originals mailed to Bureau of Financial Services.....	<input type="checkbox"/>
2. Fingerprint fee paid electronically	<input type="checkbox"/>
a. Copy of on-line payment confirmation	<input type="checkbox"/>
or, if applicable	
b. Copy of form OIR-C1-903 (invoice) included	<input type="checkbox"/>
c. Copy of check included	<input type="checkbox"/>
d. Originals mailed to Bureau of Financial Services	<input type="checkbox"/>
3. Application for Certificate of Authority (Official Form)	<input type="checkbox"/>
(a) All blanks completed	<input type="checkbox"/>
(b) Sealed by corporation	<input type="checkbox"/>
(c) Signed by President or other authorized officer (original signature)	<input type="checkbox"/>
(d) Lines of business listed by codes	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

SECTION II - LEGAL

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation and all amendments	<input type="checkbox"/>
(a) Original certification by Florida Secretary of State	<input type="checkbox"/>
(b) Articles with all amendments attached	<input type="checkbox"/>
(c) Original.....	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State (original document)	<input type="checkbox"/>
(a) Good standing indicated	<input type="checkbox"/>
(b) Sealed by state	<input type="checkbox"/>
(c) Signed by proper public official	<input type="checkbox"/>
(d) Original.....	<input type="checkbox"/>
2. Corporate By-Laws, Rules and Regulations, and/or Constitution	<input type="checkbox"/>
(a) Signed and dated by corporation secretary	<input type="checkbox"/>
(b) Sealed by corporation	<input type="checkbox"/>
(c) Original.....	<input type="checkbox"/>
(d) Board Resolution	<input type="checkbox"/>

**Section II - Legal
Required Filing and Check List**

<u>Item #</u>		<u>Completion Check List</u>
4.	Certificate of Compliance From State or County of domicile	<input type="checkbox"/>
	(a) Original Certification from State of domicile	<input type="checkbox"/>
	(b) Form indicates lines of business the company is authorized to transact	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

SECTION III - FINANCIAL AND RELATED INFORMATION

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Marketing and growth	<input type="checkbox"/>
(a) Description of marketing methods.....	<input type="checkbox"/>
(b) A detailed marketing budget	<input type="checkbox"/>
(c) List of persons employed to solicit contracts or procure applications.	<input type="checkbox"/>
2. Advertising	<input type="checkbox"/>
(a) Include all printed and published material.....	<input type="checkbox"/>
(b) Sales talks, radio, TV, etc.....	<input type="checkbox"/>
(c) Full name and address clearly shown.....	<input type="checkbox"/>
(d) Unique number or designation on each form.....	<input type="checkbox"/>
3. Marketing personnel	<input type="checkbox"/>
(a) Submit a list of agents to be used initially.	<input type="checkbox"/>
4. Insurance	<input type="checkbox"/>
(a) Current general liability policy or plan for self-insurance.	<input type="checkbox"/>
(b) Current medical malpractice policy or plan for self-insurance	<input type="checkbox"/>

**Section III - Financial and Related Information
Required Filing and Check List**

<u>Item #</u>	<u>Completion Check List</u>
5. Financial	<input type="checkbox"/>
A. Current audited financial statements	<input type="checkbox"/>
B. Financial plan and 3 yr. projections	<input type="checkbox"/>
Anticipated operating results	<input type="checkbox"/>
Statement of sources of funding.....	<input type="checkbox"/>
Provisions for contingencies.....	<input type="checkbox"/>
(1) A balance sheet.....	<input type="checkbox"/>
(2) An income statement	<input type="checkbox"/>
(3) A cash flow analysis.....	<input type="checkbox"/>
(4) A change in financial position.....	<input type="checkbox"/>
C. Evidence of compliance with Section III-5C 1&2.	<input type="checkbox"/>
D. Compliance with minimum surplus requirement	<input type="checkbox"/>
E. Statement of soundness of the PLHSO	<input type="checkbox"/>
6. Contractual Documents	<input type="checkbox"/>
(a) Provider contract form and signature pages	<input type="checkbox"/>
(b) Other forms of contracts	<input type="checkbox"/>
(c) All relevant business leases	<input type="checkbox"/>
7. Complete enrollment information.....	<input type="checkbox"/>
(a) Sections A through F addressed.....	<input type="checkbox"/>

**Section III - Financial and Related Information
Required Filing and Check List**

<u>Item #</u>	<u>Completion Check List</u>
8. Certificate of Deposit.....	<input type="checkbox"/>
(a) Original document provided	<input type="checkbox"/>
(b) Original seal affixed by state of domicile	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATION OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

SECTION IV - MANAGEMENT

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Alphabetical listing of officers, directors, trustees, etc	<input type="checkbox"/>
(a) Separate listing of all officers and directors for the corporation	<input type="checkbox"/>
(b) Separate listing of trustees and others.....	<input type="checkbox"/>
(c) Full names listed	<input type="checkbox"/>
(d) Titles listed.....	<input type="checkbox"/>
2. A list of the owners of the PLHSO	<input type="checkbox"/>
(a) Extent of ownership interest of each person or entity	<input type="checkbox"/>
(b) Organizational chart showing all levels of ownership	<input type="checkbox"/>
3. Biographical affidavits for each individual listed in Section IV-3 (Official Form)	<input type="checkbox"/>
For each biographical affidavit	
(a) All blanks completed.....	<input type="checkbox"/>
(b) "Yes" answers explained.....	<input type="checkbox"/>
(c) Contains original signature	<input type="checkbox"/>
(d) Notarized (original)	<input type="checkbox"/>
(e) Submitted original of each affidavit	<input type="checkbox"/>

**Section IV - Management
Required Filing and Check List**

<u>Item #</u>	<u>Completion Check List</u>
4. Investigative Background Report for each individual listed in Section IV-3	<input type="checkbox"/>
5. Fingerprint cards enclosed for each person listed Section IV-1.....	<input type="checkbox"/>
(a) Contains original signature	<input type="checkbox"/>
(b) Card furnished by Office of Insurance Regulation	<input type="checkbox"/>
(c) No erasures or alterations on cards	<input type="checkbox"/>
(d) All blanks filled in	<input type="checkbox"/>
6. A statement describing the applicant, facilities and personnel, and service to be offered	<input type="checkbox"/>
7. Description of subscriber complaint procedures	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

SECTION V - FORMS AND RATES

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Forms.....	<input type="checkbox"/>
(a) 3 copies of each.	<input type="checkbox"/>
(b) Identified by unique form number.....	<input type="checkbox"/>
2. Rates.....	<input type="checkbox"/>
(a) 3 copies of each filing	<input type="checkbox"/>
(b) Opinion from qualified actuary or employee.....	<input type="checkbox"/>
(c) Statement of actuarial soundness.....	<input type="checkbox"/>

CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by (Entity Name) _____, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated _____
_____ (Give full and exact name of Applicant)

Signature of President, Secretary, or Treasurer

Printed Name

Printed Title

**APPLICATION FOR CERTIFICATE OF AUTHORITY FORM
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

Pursuant to Chapter 636, Florida Statutes, application is hereby submitted to form and operate a Prepaid Limited Health Service Organization.

Proposed name of Prepaid Limited Health Service Organization:

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

FEDERAL IDENTIFICATION NUMBER: _____

PHONE: _____

CONTACT PERSON: _____

ATTORNEY OR PRINCIPAL FILING THIS APPLICATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

In order to qualify as a Prepaid Limited Health Service Organization (PLHSO), an entity shall:

- (1) Provide or arrange for, or provide access to, the provision of a limited health service to enrollees through an exclusive panel of providers. This **MAY** include ambulance services, dental care services, vision care services, mental health services, substance abuse services, chiropractic services, podiatric care services **OR** pharmaceutical services.

NOTE: Limited health services shall not include inpatient, hospital surgical services, or emergency services, except as such services are provided incident to the limited health services.

- (2) Provide, either directly or through arrangement with other persons, limited health care services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed sum basis; and
- (3) Provide, either directly or through arrangements with other persons, limited health care services to subscribers through a closed panel of providers.

This company, through its duly authorized officers, hereby applies for a certificate of authority authorizing and empowering it to operate as a prepaid limited health service organization in the state of Florida, under the laws thereof, and do hereby swear or affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

Signed this _____ day of _____, 20__

President or other authorized officer
(Please print)

Signature (Corporate Seal)

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____ 20__

(Notary Seal)

Notary Public

My Commission Expires

**Application for Certificate of Authority
Prepaid Limited Health Services Organizations
Lines of Business Codes**

<u>Lines of Business</u>	<u>Code Numbers</u>
Dental Care Services	451
Ambulance Services	700
Vision Care Services	712
Pharmaceutical Service	716
Mental Health Service	781
Substance Abuse Services	782
Chiropractic Services	783
Podiatric Care Services	784

