



Health Care Indemnity, Inc.  
2616 Park Plaza, Building 2-3E  
Nashville, TN 37203  
Phone: 615-344-5193  
Fax: 856-775-0393  
Email: Corp.Insurance@HCAHealthcare.com

### Certificate of Insurance

Date: 03/11/2022  
COI#: 91219-2022

This is to certify to:  
(Name of Certificate Holder)

HCA FLORIDA TWIN CITIES HOSPITAL (EMCARE)  
2180 AND 2190 HIGHWAY 85 N  
NICEVILLE, FL 32578

that the described insurance coverages as provided by the indicated policy has been issued to:

Named Insured:  
Address:

HCA HEALTHCARE, INC. AND SUBSIDIARY ORGANIZATIONS  
EXISTING NOW OR HEREAFTER CREATED OR ACQUIRED  
ONE PARK PLAZA  
NASHVILLE, TN 37202-0550

The Policy identified below by a policy number is in force on the date of Certificate issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the Policy having reference thereto. This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded under any policy identified herein.

POLICY NO.	POLICY PERIOD
HCI-10122	Effective: 1/1/2022 Expiration: 1/1/2023
TYPE OF INSURANCE	LIMITS OF LIABILITY
Comprehensive General Liability - • Occurrence Form • Bodily Injury • Property Damage • Products and Completed Operations • Personal and Advertising Injury	Each and Every Occurrence None Aggregate
Health Care Professional Liability Occurrence Form	\$1,000,000 \$3,000,000 Each and Every Occurrence Aggregate

#### SPECIAL CONDITIONS/OTHER COVERAGES:

The Named Insured Includes: COID:

Coverage herein is afforded to each physician and/or allied health professional listed on the following page(s) when acting within the course and scope of medical duties performed in connection with HCA-EmCare Holdings, LLC. Prior acts coverage is not provided.

Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the Issuing company will endeavor to mail ninety days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

Countersigned (Authorized Signature)

Authorized Signature

CONTRACT#: C21-3093-PS  
DR. TODD D. BELL, M.D.  
E.M.S. MEDICAL DIRECTOR  
EXPIRES: 07/13/2023 W/ (2) 1 YEAR RENEWALS

	Last Name	First Name	Degree	Start Date	Termination Date	Prior Act	Retro Date
6	ABOULELA	AYMAN	MD	10/12/2018			
348	AYCOCK	RYAN	MD	8/1/2020			
30948	BALVICH	JAMES	MD	10/15/2018			
30948	BARTHEL	LOUISE	NP	8/1/2020			
30948	BELL	TODD	MD	8/1/2021			
30948	BERGGREN	KIMBERLY	PA	10/1/2018			
30948	BORN	IRINA	NP	3/1/2022			
30948	BRIDGES	LESLIE	NP	9/1/2019			
30948	BURLESON	GRADY	MD	10/1/2016			
30948	CARLSON	WILLIAM	MD	2/1/2017			
30948	CENTENO	RACHEL	PA	1/1/2022			
30948	CLARKE	MARY	NP	5/1/2017			
30948	CUNNINGHAM	POLLA	MD	10/1/2016			
30948	DAIGLE	LAURIE	PA	3/1/2017			
30948	DERBY	JAMES	MD	10/1/2016			
30948	EISA	EMAD	MD	10/12/2018			
30948	ELLER	NICOLE	DO	2/1/2020			
30948	FERNER	DAVID	MD	4/1/2020			
30948	FORTENBERRY	JOHN	MD	10/1/2016			
30948	GILLESPIE	MICHELLE	DO	10/1/2016			
30948	GILLEY	PAMELA	PA	12/1/2016			
30948	GILMORE	STEPHEN	MD	10/1/2016			
30948	GROBER	ROBERT	MD	10/15/2018			
30948	GROUNDNS	DAVID	DO	3/1/2017			
30948	HAMILTON	CARLTON	MD	3/1/2017			
30948	HANNA	PETER	MD	8/1/2018			
30948	HERNANDEZ	ALEXANDER	MD	1/15/2017			
30948	HUGHES	RICHARD	MD	10/1/2016			
30948	JENNEWAIN	CHERRI	NP	11/1/2021			
30948	JETTON	KAETLIN	PA	10/1/2016			
30948	JOHNSON	LYNN	NP	12/1/2020			
30948	JUSTICE	ROBERT	NP	10/1/2016			
30948	KADE	EKTA	NP	12/1/2018			
30948	KASS	THOMAS	MD	10/1/2016		1/19/2022	
30948	KENNEDY	RHIANNON	NP	10/15/2018			
30948	KHOURY	ELIZABETH	PA	8/1/2021			
30948	KOLB	TERENCE	MD	7/15/2017			
30948	KRECH	RYAN	MD	11/1/2016			