

## **AFFIDAVIT ON BEHALF OF PATIENT**

Patient name: \_\_\_\_\_

Responsible party name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Account #: \_\_\_\_\_ Date of service: \_\_\_\_\_

\_\_\_\_\_  
I, \_\_\_\_\_ the undersigned, am hereby applying for  
Charity Care on behalf of the patient \_\_\_\_\_. He / She is  
my \_\_\_\_\_.

(relationship)

I am applying on his / her behalf because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please place a checkmark to the left of all applicable attestations.

**I can attest that:**

\_\_\_ Patient is single / married / separated / divorced / widowed.

\_\_\_ Patient had **no income** for \_\_\_\_\_ months immediately preceding the date of service.

\_\_\_ Patient had **no assets** at the time of the date of service or for \_\_\_\_\_ months prior.

\_\_\_ Patient has been a New Jersey resident since \_\_\_\_\_ and intends to remain in this state for  
the foreseeable future.

\_\_\_ Patient is not a resident of the state of New Jersey. He / She was treated as the direct result  
of a life-threatening emergency.

\_\_\_ Patient had **no insurance** to cover hospital services rendered on \_\_\_\_\_.

\_\_\_ I attest that the information here provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_