



348 North Pearl Street
Suite 5
Brockton, MA 02301
508-897-0056
508-584-5630 (Fax)

AFFIDAVIT OF NO HEALTH INSURANCE

I, _____, am not now eligible under any personal or group health, sickness or disability insurance. Nor am I eligible for same through a family member. If I become eligible during the two years following the date of accident, I will notify _____.

“Any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a crime and may be subject to criminal prosecution and civil penalties.”

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY
THIS _____ DAY OF _____, 20_____.

PATIENT SIGNATURE

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss:

DATE ____/____/____

Then appeared before me, the above named _____
who acknowledged the foregoing to be his/her free act and deed.

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES ____/____/____