



**AFFIDAVIT OF FINANCIAL STATUS**

Please explain why you can't provide proof of financial status in the space provided below. You can use the back of this form if you need more room. If you need help completing this form, please see the intake receptionist.

Horizontal lines for text entry.

By signing below, I acknowledge that the above self-declaration of financial status is true. I also declare that I do not have any medical insurance (private, Medicaid, CHIP, Medicare) that is not indicated on my PHC Intake Form

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date of Birth

***Accepted by:*** \_\_\_\_\_

\_\_\_\_\_  
Intake Receptionist Signature

\_\_\_\_\_  
Date