



### Patient Primary Attestation

**Patient Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Please Initial**

\_\_\_\_\_ I and/or my spouse attest I/ we have no income and have had no income since \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_ I and/or my spouse attest I have no assets as listed on the charity care application.

\_\_\_\_\_ I and/or my spouse attest I'm homeless and have been homeless since \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_ I attest I have no medical insurance at the time of my admission to the hospital.

\_\_\_\_\_ I attest that my name is \_\_\_\_\_. I cannot provide proof of identification because: \_\_\_\_\_

\_\_\_\_\_  
(State Reason)

\_\_\_\_\_ I and/or my spouse attest I/we have income. Our gross/cash income is \$\_\_\_\_\_ and we get paid on a \_\_\_\_\_ basis.  
(Frequency)

\_\_\_\_\_ I and/or my spouse attest I have assets on the date of service above for the amount of \$ \_\_\_\_\_.

\_\_\_\_\_ I and/or my spouse attest I'm a resident of New Jersey and intend to keep New Jersey as my residence.

\_\_\_\_\_ I attest that I have not made and that I do not intend to make a claim against third party in which I can seek payment, in whole or in part, for the medical services to which this application relates (including, without limitation, claims for no fault, workers compensation, homeowners, underinsured or uninsured motorist insurance benefits and tort claims). I understand and agree that, if any such claim is made, Cooper University Health Care may retract its charity care and seek payment of all charges from me. I also agree to notify Cooper University Health Care when a claim is filed.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date