



### Separation Attestation

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

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

**Please Initial**

\_\_\_\_\_ I, the above named individual, attest that I have been separated from my spouse since \_\_\_\_\_.  
(month/year)

\_\_\_\_\_ I attest that I do not live with my spouse.

\_\_\_\_\_ I attest that I have no joint bank accounts or other assets with my spouse, and that we do not rent or own any real estate together (**show proof**).

\_\_\_\_\_ I attest that my spouse and I have not filed a joint income tax return\* since \_\_\_\_\_.  
(year)

**\*\*Attach copy of last income tax return filed before date of service.\*\***

\_\_\_\_\_ I attest that I receive no income, child support, or any other financial support from my spouse.

\* I did not file a tax return for \_\_\_\_\_ because \_\_\_\_\_.  
(year) (brief explanation)

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

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

\_\_\_\_\_  
Date