No Income Verification

If you are not receiving income from any source, we require this form to be filled out in its entirety. If any sections are left blank, the form will be returned to you. If you have questions regarding any portion of the statement, please contact us at 603-924-1717.

Date: _____
Patient Name: _____
Current Address: _____
SSN: _____ Last Date of Employment: _____

I, _____, am not receiving any income from any source at this time. In addition, there are no third party payor sources to cover my medical expenses.

_____ _____
Patient Signature Agency Rep Signature

This portion of the form must be completed by the individual assisting you in meeting your needs. This could be anyone who provides, but is not limited to, any of the following: shelter, food, money, transportation.

This will not make the individual who signs this form liable in any way for bills or obligate the individual to provide any future assistance.

I, _____, am assisting _____ in meeting his/her expenses. I am not claiming this individual as a dependent on my income taxes.

_____ _____
Signature of Party Providing Assistance Agency Rep Signature