Revised 06/2014

MR# ____________________

THIRD-PARTY SUPPORT AND VERIFICATION STATEMENT

PENALTY CLAUSE, CONFIRMATION STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided to complete this application is true. Additionally, I understand that in accordance with statute 817.50, providing false information to defraud a hospital for the purpose of obtaining goods and services, including pharmacy items, is a misdemeanor in the second degree.

FINANCIAL SUPPORT

☐ I, _________________________, provided $ __________ last month to the patient referenced below.

THIRD-PARTY SUPPORT OF LIVING ARRANGEMENT

☐ I, _________________________ (supporter), provide room and board and other support for the patient referenced below. The person does not pay rent to me. I must provide prove of address for verification purpose. I am providing the patient with a current expense bill or other household document for him/her to show you my current address.

THIRD-PARTY PAYMENTS to patient's credit accounts

☐ I, ________________________ (responsible party), certify I am the person responsible for making the payments in connection to the following expense(s) which are in the name of referenced patient. I must provide proof of payments. Please send documented proof with patient to his/her financial assessment.

Expense Name: ____ Amount: _______________________

Expense Name: ____ Amount: _______________________

Expense Name: ____ Amount: _______________________

Reference Loan Type or Loan #: ____

__________________________ Patient/Representative Signature	__________________________ Patient/Representative Printed Name	________________ Date
*__________________________ Third-Party Supporter Signature	__________________________ Third-Party Supporter Printed Name	________________ Date
__________________________ JHS Representative Signature	__________________________ JHS Representative Printed Name	________________ Date Form Received

*Notary stamp and signature are required if third-party person is not present at time of Financial Assessment