



PERSONAL STATEMENT FORM

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.

MR# _____

I, _____, declare

Patient/Representative Signature

Patient/Representative Printed Name

Date

Other Signature / Relationship

Other Printed Name

Date

Enrollment Specialist Signature

Enrollment Specialist Printed Name

Date Form Received