TAOS COUNTY
INDIGENT CLAIMS ADMINISTRATION
INDIGENT PATIENT DECLARATION
STATEMENT AND AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF TAOS)

Name: _____

Date of Service: _____

Amount of Bill: _____

Account Number: _____

I, _____, being first duly sworn, state on oath that I am a resident of Taos County and that I am without sufficient funds or sources of income to pay my account with _____ hospital/ambulance or any part thereof, and *that the information provided on my application has not changed and I do not foresee any possibility of being able to pay the account at any time in the future.*

I understand that I am signing a legal document and submitting any false or misleading statements is a violation of the law. Any violations may be referred to the proper authority for appropriate legal remedy.

_____
Signature

_____
Date

SUBSCRIBED TO AND SWORN TO BEFORE ME THIS _____DAY OF _____, _____.

_____
NOTARY PUBLIC

My Commission Expires:

_____