



Med Center
Health.

Uninsured Attestation Form

Patients who are Uninsured are eligible for an additional 30% discount on Med Center Health hospital accounts through the Med Center Health Financial Assistance Policy. Uninsured patients are those who are not enrolled in a group health plan, group or individual health insurance coverage, a federal health care program such as Medicare or Medicaid, or Federal Employees Health Benefits plan, or do not have any third-party payer source that may pay for the care you received. If you have insurance or do not meet the definition given in the Financial Assistance Policy, you do not qualify for this discount. However, you may be eligible for additional discounts through this policy. If you have any questions, please call us at 800-786-1581 or 270-745-1100. You can also view this policy at <https://medcenterhealth.org/cfr/billing-policies/financial-assistance-medical-bills/>.

Patient Name: _____

Account(s): _____

Guarantor Name (if not the same as the patient): _____

Contact phone number: _____

I attest that the Patient listed above was Uninsured on the date(s) the services were rendered on the Account(s) listed above. I understand that if the Patient listed above had insurance or does not meet the definition of Uninsured, this discount may be revoked, and I may be billed for any unpaid balances. I affirm that all information given on this attestation is true, complete, and accurate to the best of my knowledge.

Signature: _____

Date: _____