



Attestation for Uninsured Patients

The Health Resources & Services Administration (HRSA) reimburses healthcare offices for the costs of providing COVID-19 testing for the uninsured. HRSA is a federal **uninsured program** that pays for COVID-19 services provided to anyone without health insurance. Everyone is eligible for COVID-19 services, no matter their immigration status.

I verify that no other payer will reimburse for COVID-19 testing and that I currently do not have insurance.

By signing below, I verify that the above information is correct.

Signature of Patient (or Authorized Rep.) Date Address of Patient

Printed Name of Patient Patient's Date of Birth SSN ID/Passport*

FOR STAFF USE ONLY

If a patient is unwilling or unable to sign this form, a PHYSICIAN STAFF may provide the following certification in lieu of a patient signature. I certify that I presented this form to above patient and verified health coverage options for this patient and that the patient (or their authorized representative) was:

Unwilling or Unable to complete the attestation.

Signature of Employee Date

Name (please print) Title

***Please provide a copy of Driver's License or Passport**