



OneCare Health -Advanced Practice Health & Wellness
97 Port Richmond Ave, Staten Island NY, 10302 (347) 460-1239

**PATIENT ATTESTATION FOR NO INSURANCE
PATIENT ATTESTATIONS FOR NO IDENTIFICATION
CARES ACT COVID-19**

Please print all information clearly

NO INSURANCE

I, _____, attest that I am uninsured effective as of ___ / ___ / ____.

NO IDENTIFICATION

I, _____, attest that I am unable to provide identification because

Date of Birth (MM/DD/YYYY) ___ / ___ / ____

Social Security # _____

Home Address _____

Apt# _____

City, State _____

Home Phone _____

Cell # _____

I affirm that all information given on this attestation is true, complete, and accurate to the best of my knowledge.

Note: Patients will be billed if determined NOT a COVID-19 related illness.

Sign: _____ Date: ___ / ___ / ____

Witness: _____ Date: ___ / ___ / ____