

PURCHASE REFERRED CARE
VERIFICATION OF RESIDENCY

Per Purchased Referred Care policy, the notarized verification of residency form must accompany a copy of a utility bill (gas, water, electric) or lease agreement, from the individual attesting to residency.

NOTARIZED STATEMENT FROM PATIENT

I, _____, started living with _____ on _____.
(Patient/Lessee) (Lessor/Landlord)

I plan to continue living with this party and reside in _____ County. My current address is _____. Under perjury of law, I am stating that the above information is true and correct.

(Print Patient Name) (Signature of Patient) (Date)

NOTARIZED STATEMENT FROM TENANT

Under perjury of law, I verify that the above information is true and correct.

(Print Lessor/Landlord Name) (Signature of Lessor/Landlord) (Date)

NOTARY SEAL

(Print Notary Name)

(Signature of Notary)

(Notary Expiration Number & Date)

Attested before me on _____
(Date)