CHAVES COUNTY
HEALTHCARE SERVICES
P.O. Box 1597
Roswell, NM 88202-1597
Phone 575-624-6547, 575-624-6545
Fax 575-627-7554
Health Care Eligibility Officer
Sandra Lara

Joseph R. Skeen Building

Supplemental Attachment & Declaration Statement

1._____
Patient Name Last/First Birth date Social Security #

2._____
Address / City / Zip code Phone#

3. Are you a Chaves County Resident? (90 days or more) Yes _____ No _____

4. Marital Status: Married _____ Single _____ Other _____

5. Relationship: Self _____ Spouse _____ Dependant _____ Other _____

6. Do you have Medicaid, Medicare or any other Medical Insurance? Yes _____ No _____ Please attach copies of cards. (If applicable) Mark here if a copy was submitted with the application on file. _____

7. Name of person which application was last filed under.
_____ (Patient) Social Security # _____

_____ (Claimant) Social Security # _____

8. Was treatment due to an injury? Yes ____ No ____ Is there any other liability coverage? Yes _____ No _____

Details of Injury: _____

_____

_____

9. Was patient transported by ambulance? Yes _____ No _____ Were there any other providers where services were rendered for this claim? Yes _____ No _____ (Please attach statement)

10. ***Verified Statement of Release***

I _____, having been first duly sworn, dispose and state that I am the patient or claimant. I authorize the release of all information necessary to complete my claim with the Chaves County Healthcare Services Office. I understand that this fund is the fund of last resort and if my claim is approved, I agree to make every reasonable effort to pay any remaining balance that I am responsible for as required by the IHC Policy.

_____
Patient's Signature, if patient is a minor, parent, guardian or claimant must sign.

STATE OF NEW MEXICO)
) SS
COUNTY OF _____)

SUBSCRIBED AND SWORN BEFORE me this _____day of _____, 20_____.

_____
Notary Public

SEAL

_____
My Commission Expires

*If a patient is a minor child, signature must be from a parent, guardian, or custodial representative.