Heart to Hand, Inc.
"A heart that cares with hands to help"

# No Insurance Statement

**Name: _____ Date: _____**

**Address: _____ City, State and Zip: _____**

This statement is to certify that I do not have health insurance:

- I do not have Medicaid.
- I do not have Medicare.
- I do not have Veteran Benefits.
- I do not have Private Insurance.
- I do not have MADAP
- I am not on an insurance plan with an eligible spouse/family member.
- I do not have insurance through my employer.
- I understand that I must report any change health benefits.

If my insurance status changes, I will provide proof to Heart to Hand, Inc.

**Signature of patient: _____ Date: _____**

9701 Apollo Drive, Largo, Suite 400, MD 20774 Phone: 301-772-0103 Fax: 301-772-0105