

MEDICARE AFFIDAVIT

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, _____, who after being duly sworn and deposes says:

1. That I am the plaintiff in a legal action resulting from an incident that occurred on the ____ day of _____, _____.
2. That I ___am___ am not (check one) currently eligible for Medicare Benefits.
3. That I ___have___ have not (check one) received Medicare Benefits for treatment of injury in relation to the subject incident.
4. That Medicare ___has___ has not (check one) asserted a lien to recover proceeds through any settlement of this case.
5. That I agree to notify _____ should any of the above information change.

DATED this ____ day of _____, 2010.

Subscribed and sworn to before me
This ____ day of _____; 2010.

NOTARY PUBLIC in and for said
County and State