



STATEMENT OF FINANCIAL SOLVENCY

For the purpose of establishing eligibility for payment under title XVIII of the Social Security Act, _____ hereinafter referred to as the provider of services, hereby states and declares:

1. That the provider of services has not been adjudged insolvent or bankrupt in a State or Federal court; and
2. That a court proceeding to make a judgement of bankruptcy or insolvency with respect to the provider of services is not pending in a State or Federal court.

In addition, the provider of services agrees to inform the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services Regional Office, immediately if prior to the acceptance of the Health Insurance Benefits Agreement by the Secretary of Health and Human Services, a court proceeding to make a judgment of insolvency or bankruptcy is instituted with respect to the provider of services.

FOR PROVIDER OF SERVICES BY:

NAME OF AUTHORIZED OFFICIAL (Please type)		TITLE
SIGNATURE OF AUTHORIZED OFFICIAL		DATE