

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