

LETTER OF NO ACCIDENT, INJURY, OR PREEXISTING CONDITION

I _____ hereby state with my signature that I was not involved in any auto accident, slip and fall, or work injury. My treatment is in no way associated with any 3rd party, and no other party is responsible or liable for the cost of my treatment.

I also hereby state that this is not a pre-existing condition for which I have been treated for in the past six months.

Please process and pay all claims immediately.

Sincerely,

Patient Signature

Date