## CHAVES COUNTY HEALTHCARE SERVICES

P.O. Box 1597 Roswell, NM 88202-1597 Phone 575-624-6547, 575-624-6545 Fax 575-627-7554

**Health Care Director**Jeff Ortega



## **COMMISSIONERS**

Dara Dana · District 1
T. Calder Ezzell Jr · District 2
Jeff Bilberry · District 3
Richard Taylor - District 4
Michael Perry · District 5

**County Manager**Bill Williams

## **Supplemental Attachment & Declaration Statement**

	Patient Name Last/First		Birth date	Social Security #	
2.					
	Address / City / Zip code			Phone#	
3. A	re you a Chaves County Resid	lent? (90 days or more)	Yes	No	
4. N	Married Married	Single	Other		
5. R	elationship: Self	Spouse Dep	endant Oth	ner	
	o you have Medicaid, Medica opies of cards. (If applicable)	=			
7. N	Tame of person which applicat	ion was last filed under(Patient) S	Social Security #		
_		(Claimant	) Social Security #		
8. W	Was treatment due to an injury? Yes No Is there any other liability coverage? Yes No				
I 	Details of Injury:				
- 9. <b>V</b> w	Vas patient transported by amb	oulance? Yes No Yes No (Pl	Were there any other ease attach statement)	r providers where services	
0. <b>V</b>	erified Statement of Release				
atie Iealt	nt or claimant. I authorize the rechcare Services Office. I understevery reasonable effort to pay	elease of all information ne stand that this fund is the fu	cessary to complete my cl nd of last resort and if my	aim with the Chaves County claim is approved, I agree to	
ТАТ	E OF NEW MEXICO	Patient's S	Signature, if patient is a minor, par	ent, guardian or claimant must sign.	
COUNTY OF		) <b>SS</b>			
001			day of	, 20 .	
SF	EAL		Notary Public		
			My Commission Expires		

<sup>\*</sup>If a patient is a minor child, signature must be from a parent, guardian, or custodial representative.