

BUSINESS RECORDS AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF _____

I, _____, Custodian of Records for
(Custodian of Records Printed Name)

_____, _____,
(Provider or Facility Printed Name) (Provider or Facility Printed Address)

_____, Texas, do hereby certify that I am of sound mind,
(Provider or Facility Printed City)
capable of making this affidavit, and personally acquainted with the facts stated herein.

Attached hereto are _____ pages of records from the above listed provider or facility. The said pages were kept by the above listed provider or facility in the regular course of business, and it was the regular course of business for me and any employee or representative of the above listed provider or facility with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter.

The record attached hereto is the original or exact duplicate of the original and no other documents exist on the file for _____,
(Printed Patient Name)

Medicaid recipient # : _____ for the time period _____.
(PCN) (Admission and Discharge Date)

(Affiant's Signature)

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 20____.

(Notary Public, State of Texas)

SEAL

(Notary's printed name)

My commission expires: _____