
Appendix F

Health Insurance Attestation

I, _____, was informed by _____ that Ryan White is a payer of last resort program. Thus, I was informed that I should apply for a health insurance program that could pay for my HIV-related medical costs. I understand that applying for such a program could provide additional coverage for me, including comprehensive primary and hospital associated costs. Ryan White cannot pay these costs, and I might get billed for them. With this information, I decline health insurance and choose to request that Ryan White pay for my care.

Client Name and Date (Signature)

Professional (Signature)
Name and Date