

CLAIM

CERTIFICATION OF MEDICAL RECORDS AFFIDAVIT

_____, being first duly sworn on his/her oath, says that:
(Name of records custodian/clerk)

1. I am the custodian of records for _____.
(Name of facility or treatment provider)
2. The records attached hereto are true and exact copies of the reports and records of treatment of _____, patient for treatment occurring between ___/___/___ and ___/___/___.
3. That the records attached hereto were made in the routine course of business at or near the time of the event recorded.
4. The records attached hereto were made by the physicians and/or staff, who had personal knowledge of the facts recorded.
5. The records are of a type regularly kept and maintained by _____.
(Facility or treatment provider)
6. I hereby certify that _____ pages accompanied this Certification Affidavit.

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

FURTHER AFFIANT SAITH NOT.

Records Custodian