

INTENTION TO RESIDE STATEMENT

Patient Account # _____

I, _____ certify that, on the date of service
Patient Name

at Lourdes Medical Center of Burlington County, which occurred on _____
_____, I was a resident of New Jersey.

Further, I have no residency in any other state and it is my intent to remain a resident of New Jersey.

Do you have any insurance coverage? YES _____ NO _____

Name of Insurance _____

Signature of Patient or Responsible Party

Date