

Therapy Unlimited, LLC

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_26751 Southfield Road
Lathrup Village, MI 48076
Phone: (248) 443-5400
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AFFIDAVIT OF NO HEALTH INSURANCE

Date: _____

Patient Name: _____

Please be advised that I, _____, did not carry any Medical/Health Insurance Coverage at the time of my accident on _____, nor did anyone residing in my household carry Medical/Health Insurance that would cover me for injuries or sickness.

Signature

Date

Witness