For patients who are unable to get a statement from their Social Security office stating they are NOT eligible for Social Security of Medicare benefits.

Attestation of Social Security Ineligibility

Patient Name:_____
Date of Birth: _____

I, _____ am the above patient's _____.
(Your Name Printed Here) (Relationship to Patient)

I attest that the above patient is in the United States legally but does not qualify to receive Social Security of Medicare Benefits, and that they were unable to obtain documents from the Social Security office confirming their ineligibility.

_____
Printed Name

_____
Signature Date

Welvista 121 Greystone Blvd. Columbia, SC 29210 | P:803-933-9183 | F: 803.254.0892

www.medicationassistancepharmacy.org