

## **AFFIDAVIT**

### **CERTIFICATION OF THE HOSPITAL'S FY 2017 ANNUAL REPORTING**

I, \_\_\_\_\_, \_\_\_\_\_  
Name Hospital Position Title - CEO or CFO

of \_\_\_\_\_  
Hospital

hereafter referred to as "the Hospital", being duly sworn, depose and state that:

The information submitted to the Office of Health Care Access, that is contained in the Hospital's FY 2017 Annual Reporting concerning the Hospital's actual results from operations, is true, accurate and consistent with the FY 2017 Annual Reporting General Instructions provided to the Hospital by the Office of Health Care Access.

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Signature

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Date

Subscribed and sworn to before me on \_\_\_\_\_  
Date

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Notary Public / Commissioner of Superior Court

My commission expires: \_\_\_\_\_  
Date