



**CERTIFICATION**

- I understand that my signature below on this application indicates my agreement to the following: I certify and attest that the information contained in this application is true and correct and authorize Ziyad H. Mugharbil, MD, PA, and its authorized agents to obtain verification; to include a copy of my credit report to determine my eligibility for financial hardship benefits.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Office Use Only**

Approved / Disapproved    Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    ZHM: \_\_\_\_\_