

**AFFIDAVIT CONCERNING COST AND NECESSITY OF MEDICAL SERVICES**  
**PER §18.001 of the CIVIL PRACTICE AND REMEDIES CODE**

THE STATE OF \_\_\_\_\_ ' \_\_\_\_\_

COUNTY OF \_\_\_\_\_ ' \_\_\_\_\_

RECORDS PERTAINING TO: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Dates of Service:** \_\_\_\_\_

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_ who, being by me duly sworn, and deposed as follows:

My name is \_\_\_\_\_. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the person who provided the service or the custodian of records for \_\_\_\_\_. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that \_\_\_\_\_ provided to \_\_\_\_\_ on \_\_\_\_\_. The attached records are a part of this affidavit.

The attached records are kept by \_\_\_\_\_ in the regular course of business and it was the regular course of business of \_\_\_\_\_ for an employee or representative of \_\_\_\_\_, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the service was provided.

The total amount paid for the services was \$\_\_\_\_\_ and the amount currently unpaid but which \_\_\_\_\_ has a right to be paid after any adjustments or credits is \$\_\_\_\_\_.

AFFIANT Signature: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public in and for  
the State of \_\_\_\_\_