

FIELD(8)

FIELD(300)

FIELD(216)

FIELD(217)

FIELD(299)

Attorneys for Plaintiff, **FIELD(85)**

FIELD(85),

Plaintiff,

vs.

IF("FIELD(676)"="Y")FIELD(100)ENDIF IF("FIELD(650)"="Y"), FIELD(120)ENDIF IF("FIELD(670)"="Y"), FIELD(140)ENDIF IF("FIELD(629)"="Y"), FIELD(630)ENDIF IF("FIELD(631)"="Y"), FIELD(632)ENDIF and/or JOHN DOE (1-10),

Defendant.

Superior Court of New Jersey
Law Division **FIELD(204)** County
FIELD(210)
Docket No. **FIELD(331)FIELD(202)**

Civil Action

**CERTIFICATION IN SUPPORT OF
MOTION FOR FINAL JUDGMENT BY
DEFAULT AND TAXING OF COSTS**

I, **FIELD(80)**, Corporate Manager, hereby certify as follows:

1. I am employed as the Corporate Manager of Patient Financial Services for the Plaintiff. As part of my duties and responsibilities, I oversee Patient Financial Services at **FIELD(85)**.

2. I certify, attached hereto as "Exhibit A," is a true, accurate, and complete copy of the hospital bill for the services rendered by the Plaintiff, **FIELD(85)**, to the Defendant(s), IF("FIELD(676)"="Y")FIELD(100)ENDIF IF("FIELD(650)"="Y"), FIELD(120)ENDIF IF("FIELD(670)"="Y"), FIELD(140)ENDIF IF("FIELD(629)"="Y"), FIELD(630)ENDIF IF("FIELD(631)"="Y"), FIELD(632)ENDIF , on **FIELD(625)** through **FIELD(626)** for Account Number **FIELD(6)**.

3. At the Defendant(s)' request this bill was submitted to the Defendant(s)' insurance company. After payments and adjustments made by the insurance company IF("FIELD(285)"!="\$.00") and patient payments in the amount of **FIELD(285)ENDIF** ; there remains a patient responsibility due to the Hospital in the amount of **FIELD(286)**. I certify, attached hereto as "Exhibit B," is a true, accurate, and complete copy of the Explanation of Benefits.

4. There are no credits, deductions, offsets or allowances to the sum aforementioned except as have been specified and credited.

5. According to my review of **FIELD(85)**'s records, the Defendant(s), **IF("FIELD(676)"="Y")FIELD(100)ENDIF IF("FIELD(650)"="Y"), FIELD(120)ENDIF IF("FIELD(670)"="Y"), FIELD(140)ENDIF IF("FIELD(629)"="Y"), FIELD(630)ENDIF IF("FIELD(631)"="Y"), FIELD(632)ENDIF** are not a minor(s).

6. Upon information and belief, the Defendant(s) are not incapacitated person(s).

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated:

FIELD(80)
Corporate Manager