

**EXHIBIT 5**

Department of Health and Human Services  
Centers for Medicare and Medicaid Services

**STATEMENT OF FINANCIAL SOLVENCY**

For the purpose of establishing eligibility for payment under Title XVIII of the Social Security Act, \_\_\_\_\_ hereinafter referred to as the provider of services, hereby agrees:

1. That the provider of services has not been adjudged insolvent or bankrupt in a State or Federal Court; and
2. That a court proceeding to make a judgement of bankruptcy or insolvency with respect to the provider of services is not pending in a State or Federal court.

In addition, the provider of services agrees to inform the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services Regional Office, immediately if prior to the acceptance of the Health Insurance Benefits Agreement by the Secretary of the Department of Health and Human Services, a court proceeding to make a judgement of insolvency or bankruptcy is instituted with respect to the provider of services. Also, the provider of services understands that Home Health Agencies (HHAs) attempting to enter the Medicare program including a new HHA as a result of a change in ownership, must meet the capitalization requirements a 42 CFR §489.24.

For Provider of Services By:

\_\_\_\_\_  
Name of Authorized Official (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date: