

# MASSACHUSETTS HEALTH CARE FORM

I,  
C., M., H., C.  
M., G., L., C., 201D,  
A.:  
N.: P. #:  
A.: C./S./ :  
I. H., C., A.:  
N.: P. #:  
A.: C./S./ :  
I. H., C., A.:  
I  
, EXCEPT ( ,  
IF AN ( , A. ):

M H C A I H C A  
C A H C A  
M A P H C P I  
M H C A I  
I H C P , 20

S1 :

$$(I - P_{\text{non-diagonal}})T = \begin{pmatrix} I_{n_1} & & \\ & \ddots & \\ & & I_{n_k} \end{pmatrix}$$

N :

$S_x \rightarrow C_x/T$

# MASSACHUSETTS HEALTH CARE PRO FORM

W<sub>1</sub>, ..., W<sub>n</sub>: P<sub>1</sub>, ..., P<sub>n</sub>; N<sub>1</sub>, ..., N<sub>n</sub>:

A

W<sub>1</sub>, ..., W<sub>n</sub>: P<sub>1</sub>, ..., P<sub>n</sub>; N<sub>1</sub>, ..., N<sub>n</sub>:

A ... :

**STATEMENT OF HEALTH CARE AGENT (OPTIONAL)**

Health Care Agent: I, \_\_\_\_\_ (\_\_\_\_\_)  
Health Care Agent: H, C, P, I, \_\_\_\_\_