

Run # \_\_\_\_\_

Northglenn Ambulance is willing to bill your insurance on your behalf. **Please be aware that your contract is between you and your insurance company; any indifference will need to be worked out between you and your insurance company.** Northglenn Ambulance policy requires payments every 30 days on accounts regardless of insurance status.

Patient Name: \_\_\_\_\_ Alternate Name(s): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Name of Parent/Guardian if Patient is a Minor: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ (Street address or PO Box) (Unit #) (City) (State) (Zip)  
 Phone #: \_\_\_\_\_  Alternate #: \_\_\_\_\_  Email: \_\_\_\_\_ Text/Email: Yes or No

**Primary Insurance Information:**

Name of Insurance: \_\_\_\_\_ Claims Address: \_\_\_\_\_ Customer Service Phone # \_\_\_\_\_  
 Patient Insurance ID: \_\_\_\_\_ Insurance Group # \_\_\_\_\_

**Secondary Insurance Information:**

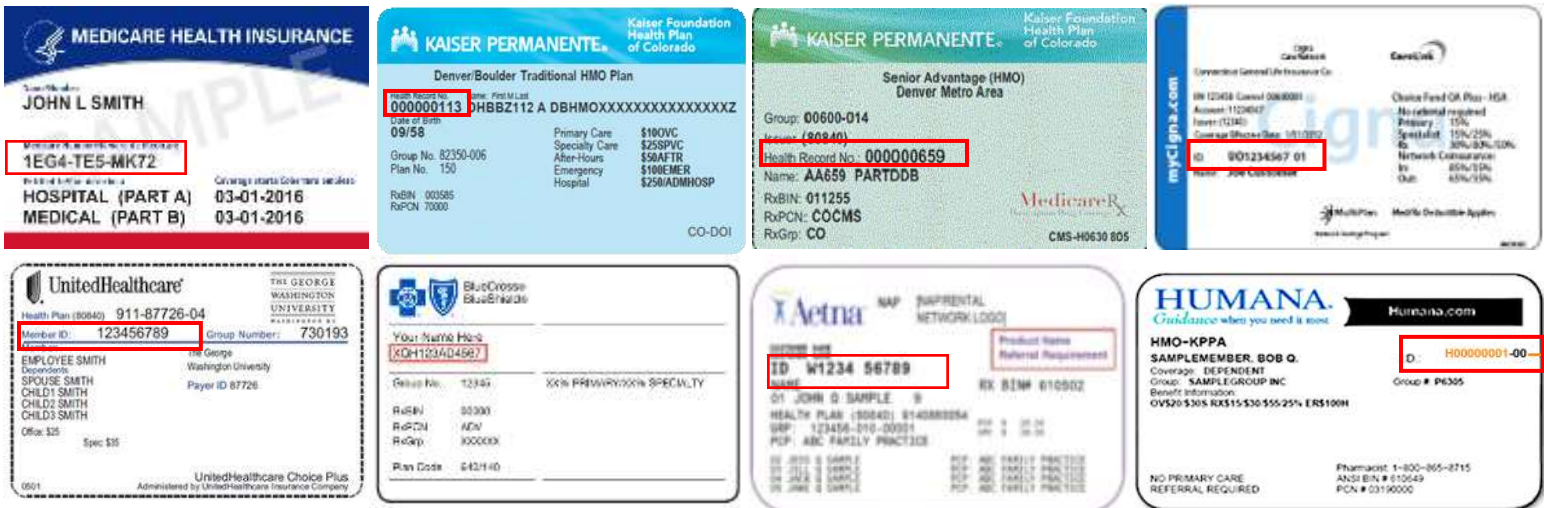
Name of Insurance: \_\_\_\_\_ Claims Address: \_\_\_\_\_ Customer Service Phone # \_\_\_\_\_  
 Patient Insurance ID: \_\_\_\_\_ Insurance Group # \_\_\_\_\_



**IF THIS WAS AN AUTO ACCIDENT YOU MUST PROVIDE HEALTH AND AUTO INSURANCE:**

Auto Insurance Name: \_\_\_\_\_ Claim # \_\_\_\_\_  
 Claim's Address: \_\_\_\_\_ Customer Service # \_\_\_\_\_

**EXAMPLES OF INSURANCE CARDS:**



**Assignment of Benefits**

**\*\*NEEDED TO BILL INSURANCE\*\***

I request that payment of authorized Medicare or any insurance benefits be made whether to me or on my behalf to my medical provider for any services and supplies furnished to me by my medical provider. I authorize any holder of Medical information about me to release to the health Care Financing Administration or any insurance carrier, their agents and carriers as well as my medical provider, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, now or in the future.

\_\_\_\_\_  
 Dated



\_\_\_\_\_  
 Signature of Beneficiary, Parent or Guardian