CITY FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO, CA 95826-9110

TELEPHONE NUMBER: (800) 906-6552
Pacific Standard Time - 8:00am to 4:30pm

INCIDENT NUMBER: 11-23456

RUN NUMBER: 11-098765

WMN0517A AUTO SCH 3-DIGIT 926
7000000940 01.0005.0106 940/1

ROSE MARTIN
123 ANY STREET
ANY WHERE, USA 12345-1234

CITY FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO, CA 95826-9110

RE: Incident Number 11-23456
Date of Service: 04/01/2011

Por favor llame a nuestra officina con la informacion de su aseguransa.

Dear Rose Martin,

In order to bill for your recent Emergency Medical Service, please fill out the form below and return it to our office as soon as possible. Please include a front and back copy of your insurance card if possible. We will not be able to bill your Medicare, Medi-Cal, or Health Insurance until we receive this information.

Health Insurance:

Insurance Name: _____ Phone #: (____) _____

ID# or Member #: _____ Group #: _____

Subscriber: _____ Subscriber Date of Birth: ____/____/____

Auto Insurance (if applicable):

Auto Insurance Name: _____

Policy #: _____ Claim #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____

Attorney or 3rd party(ie) Work Comp (if applicable):

Attorney Name/Insurance Name: _____ ID# or Claim #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ Contact: _____

Employers Name (Work Comp): _____

Authorization for release of Medical Information:

I authorize any holder of Medical information about me to release to Medicare, Medicaid and any insurance, as well as the provider of this service, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, whether in the past, now or in the future.

_____ _____

Signature of Patient, Parent or Guardian Date

_____

Print Name

FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm.
You may also submit insurance information at http://WWW.WEBILLEMS.COM/SECURE