REQUEST FOR INSURANCE INFORMATION FOR AMBULANCE TRANSPORT

The hospital does not furnish us with this information. Do not send payment at this time. Please complete, sign and return this form to Northbrook Fire Dept., 740 Dundee Rd, Northbrook, IL 60062 or fax this form to: **847-272-3294**.

PATIENT INFORMATION Please print legibly - Thank you! All information is kept confidential.

NAME: _____ ***SEND INVOICE STUB OR NUMBER*** _____

Date of birth **(required)** _____ / _____ / _____ Phone#: ( ) _____
Month Day Year Area Code

Type of Claim: (*Check one)* ☐ Illness ☐ Auto Accident ☐ Worker's Compensation

INSURANCE INFORMATION *Please check all that apply.*

☐ I have **MEDICARE** as my (*check one)* ☐ Primary ☐ Secondary Health Insurance

My Medicare MBI is: _____*This is a combination of eleven numbers and letters (XXXX-XXX-XXXX)*

☐ I have **MEDICAID / PUBLIC AID** as my *(check one)* ☐ Primary ☐ Secondary Health Insurance

My Medicaid # is: _____*This is 9 digits with numbers only*

☐ I have **PRIVATE INSURANCE** as my *(check one)* ☐ Primary ☐ Secondary ☐ Auto ☐ Worker's Comp

Insurance Co.: _____ Address: _____

City/State/Zip: _____ Insurance Co. Phone #: _____

ID #: _____ Group #: _____ Policyholder Name: _____

Policyholder SS#: ☐☐☐--☐☐--☐☐☐☐ Policyholder Date of Birth: _____ / _____ / _____
Month Day Year

Patient Relationship to the Policyholder is: *(check one)* ☐ Self ☐ Spouse ☐ Child ☐ Other

Claim # *(if an auto accident or worker's compensation)* _____

SIGNATURE AUTHORIZATION **We must have your signature and date on file to bill the above insurance(s) for you.**
I request that payment of authorized Medicare, Medicaid, and/or other Insurance benefits be made either to me or on my behalf to the Northbrook Fire Department who accepts assignment for any Ambulance/EMS services and supplies provided to me. I authorize the release of medical or any information about me to the Northbrook Fire Department and its agents, needed to determine the benefits payable for any and all services provided to me by the Northbrook Fire Department. This is a lifetime authorization, until I choose to revoke it in writing. I permit a copy of this authorization to be used in place of the original.

Date: _____ Signature of Insured **(required):** _____

Signature of Representative: _____ relationship _____