



Insurance Information Request Form

If you have insurance responsible for your ambulance transportation claim, please provide that information below. If you have retained an attorney in connection with our charges, a "Letter of Protection" will be required to hold the claim.

<hr/> <i>Patient Name – Run #</i>	
<hr/> <i>Health Insurance Company Name</i>	<hr/> <i>Health Insurance Company Mailing Address</i>
<hr/> <i>Patient Identification Number</i>	<hr/> <i>(company mailing address continued)</i>
<hr/> <i>Group Number</i>	<hr/> <i>Insurance Subscriber Name</i>
<hr/> <i>Health Insurance Company Provider Phone Number</i>	
<hr/> <i>Auto Insurance Company</i>	<hr/> <i>Attorney Name</i>
<hr/> <i>Auto Claim Number</i>	<hr/> <i>Attorney Address</i>
<hr/> <i>Auto Adjuster Name</i>	<hr/> <i>Attorney Phone Number</i>
<hr/> <i>Auto Adjuster Phone Number</i>	
<hr/> <i>Date of Transport</i>	