

Orange County Revenue – Ambulance Service

228 South Churton Street, Suite 200

PO Box 8181, Hillsborough, NC 27278-8181

Phone: 919-245-2728

Fax: 919-644-3332

Medical Release Insurance Form

Responsible Party/Guarantor:

*Run Number:

Date of Service:

Amount Due:

FEDERAL LAW REQUIRES THAT WE HAVE YOUR INSURANCE INFORMATION IN WRITING ALONG WITH YOUR SIGNATURE IN ORDER TO FILE A CLAIM FOR YOUR AMBULANCE TRIP. WE ARE UNABLE TO ACCEPT YOUR INSURANCE INFORMATION BY PHONE.

Please complete, sign and return this form to the address above as soon as possible so we may file this claim to your insurance. Make certain that your policy and group numbers are complete just as written on your insurance card. Without a complete insurance form, we cannot file a claim on your behalf.

IF YOU DO NOT PROVIDE YOUR INSURANCE INFORMATION NOW, YOU WILL BE RESPONSIBLE FOR THE ENTIRE BILL AMOUNT.

Patient's Name:

Last

First

Middle

Date of Birth

Social Security Number

Telephone

Mailing Address

City

State

Zip

Medicare Number

Medicaid Recipient ID

Insurance Company:

Mailing Address

City

State

Zip

Policy Number

Group Number

Insurance Policyholder's Name

Insurance Policyholder's Date of Birth

Was your Ambulance Trip connected to:

Worker's Comp?

Auto Accident?

Other Accident?

By signing this form, you expressly consent to our use and disclosure of your health information for purposes of treatment, payment or other health care operations. You have the right to revoke this consent at any time; however revocation will not be effective regarding services which we have already provided based on this signed consent form, because we are relying on your consent in providing services to you. If you wish to revoke this consent, you must do so in writing to the address above. This consent will apply to services provided to you for this particular ambulance trip (*see Run Number above) with Orange County Emergency Service.

Signature

Printed Name

Date