East Pierce Fire & Rescue

Pierce County Fire District No. 22

INSURANCE INFORMATION REQUEST

The enclosed statement is for ambulance services provided to you or your dependent by East Pierce Fire & Rescue (Pierce County FPD #22). If you have insurance coverage for ambulance services, we will be happy to bill them for you.

Please complete the form below with the information from your insurance card(s), sign and return it with the top portion of your transport statement in the enclosed envelope.

You will continue to receive statements until you have provided
your insurance information or have verified that you have no coverage.

Be sure to include all numbers and letters that are part of your insurance ID number. Example: Medicare (555-55-5555 A) or Blue Cross/Shield (ZKW 123456789)

We must have your signature on file in order to bill your insurance(s). Please sign the back of this form ➡

Please call our billing agency, Systems Design, at (360) 394-7010 or 1-800-238-9398.
M – F from 8:00 AM to 8:00 PM to let them know your insurance status.

Patient Name:	Contact Phone #:
Patient Social Security #:	Patient Birth Date:

PRIMARY INSURANCE

☐ Aetna	☐ Group Health	☐ Medicare (Part B)	☐ Secure Horizons
☐ Community Health	☐ Kaiser Permanente	☐ Molina	☐ TriWest
☐ Crime Victims	☐ Labor & Industries (State)	☐ Premera Blue Cross	☐ Uniform Medical
☐ GEHA	☐ Medicaid/DSHS/Welfare	☐ Regence Blue Shield	☐ Veteran's Administration

Other Primary Insurance not listed above (Include Auto/PIP info for auto related transports)

☐ Insurance Name:
Claims Submission Address:
Insurance Phone #:

Ins. Subscriber Name:	**Subscriber Social Security #:**
Subscriber Birth Date:	**Relation to Pt: ☐ Self ☐ Spouse ☐ Dependent**
Patient ID/Subscriber #:	**Policy/Group #:**
Auto Claim #:	**Auto Claim Rep Name:**

SECONDARY INSURANCE

☐ Insurance Name:
Claims Submission Address:
Insurance Phone #:

Ins. Subscriber Name:	**Subscriber Social Security #:**
Subscriber Birth Date:	**Relation to Pt: ☐ Self ☐ Spouse ☐ Dependent**
Patient ID/Subscriber #:	**Policy/Group #:**

East Pierce Fire & Rescue

Pierce County Fire District No.22
18421 Old Buckley Hwy, Bonney Lake, WA 98391
Phone (253) 863-1800 ● www.eastpiercefire.org

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to East Pierce Fire & Rescue for any services provided to me by East Pierce now, in the past, or in the future.

I understand that I am financially responsible for the services provided to me by East Pierce, but because of my status as a taxpaying resident of East Pierce, will have any out-of-pocket costs covered by EMS Levy funds, once all available insurances have been billed.

I agree to immediately remit to East Pierce any payments that I receive directly from insurance or any source whatsoever for the services provided and I assign all rights to such payments to East Pierce.

I authorize East Pierce Fire & Rescue to appeal payment denials or other adverse decisions on my behalf without further authorization.

I authorize and direct any holder of medical information or documentation about me to release such information to East Pierce and its billing agents, and / or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by East Pierce, now or in the future.

A copy of this form is as valid as an original.

Patient Signature:_____

Date:_____

Relationship:_____

(If signing on behalf of the patient, please indicate relationship.)

Please provide complete insurance information on the reverse of this page →