



West Coast - Southern Medical Service, Inc.

Emergency/Non-Emergency Ambulance Transport Services

934 14th Street West • Bradenton, FL 34205 • (941) 748-7148 • (800) 743-5169 • Fax: (941) 748-8520

Date:
Call#:

Name:
DOS:

To Whom it May Concern:

We did not receive insurance information at the time of transport. Please fill out the information below or submit legible copies of the front and back of your insurance card as soon as possible so that we can submit a claim on your behalf. As an ambulance provider, West Coast is not part of any networks nor are we contracted providers for any other insurances than Medicare. We will balance bill the patient for charges not covered by insurance.

Insurance information:

Primary Insurance: _____
Health Insurance ID: _____
Group # (if applicable): _____
Auto Insurance Claim # (if applicable): _____
Insurance mailing address and phone number (if not Medicare):

Phone: _____

Secondary Insurance: _____
Health Insurance ID: _____
Group # (if applicable): _____
Insurance mailing address and phone number (if not Medicare):

Phone: _____

Patient Authorization:

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, or any private insurance company any information needed for this or a related medical claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to the party who accepts assignment. I personally guarantee payment of any charges not covered by healthcare benefits.

Signature _____ Date _____
Printed Name _____
Relationship if not signed by patient: _____

Thank you!