CITY OF BELTON AMBULANCE SERVICE

NOTE: WE CAN FILE MEDICARE, MEDICAID & PRIVATE INSURANCE

Patient's Name: _____

Social Security Number_____ **Date of Birth:** _____

Mailing Address_____

Home Phone _____**Work Phone**_____

Responsible Party_____

Relationship_____**Phone**_____

Social Security Number _____**Date of Birth**_____

Mailing Address_____

MEDICAID ACKOWLEDGEMENT STATEMENT

I hereby assign to Belton EMS any third-party benefits covering this service, up to the full amount owed, and authorize Belton EMS to release information as required to determine eligibility. I understand that, in the opinion of Belton EMS, the service or items that I have requested to be provided to me on _____(date of service) may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that the Texas Department of Human Services or its health insurance agent determines the medical necessity of the service or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and received if these services or items are determined not to be reasonable and medically necessary for my care.

_____ _____

Patient or Guardian **Date**

MEDICARE/INSURANCE ASSIGNMENT STATEMENT

I request that payment under the Medicare/Medicaid Insurance Program or other health insurance program that I have indicated be made to the City of Belton Ambulance Service on any bills for any service provided to me by the provider during my lifetime. I also request my insurance company to make payment to the City of Belton for ambulance service provided to me on this date.

_____ _____

Patient or Guardian Signature **Date**

Please state relationship if signed by anyone other than the beneficiary_____

MEDICARE NUMBER_____**MEDICAID NUMBER**_____

OTHER HEALTH INSURANCE:

INSURANCE NAME_____
INSURANCE ADDRESS_____
CITY, STATE, ZIP CODE_____
INSURANCE PHONE NUMBER_____
POLICY NUMBER_____**GROUP NUMBER**_____

MAIL TO:
CITY OF BELTON AMBULANCE SERVICE, P.O. BOX 120, BELTON, TX 76513
254-933-5804