

Ridge Ambulance Service Inc.

Assignment of Benefits Authorization, Responsibility for Payment,
And Acknowledgement of Receipt of Privacy Notice

I understand that I am financially responsible for the services provided to me by Ridge Ambulance Service regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be payable on my behalf to Ridge Ambulance Service Inc. I also authorize and direct any holder of medical information or documentation about me to be release to the centers of Medicare and Medicaid Services and its carriers and agents as well as to Ridge Ambulance Service Inc. and its billing agents any other payers or insurers, any information or documentation requires to determine these benefits or benefits payable to me by Ridge ambulance Service Inc. now or in the future. I also agree to immediately remit payment to Ridge ambulance Service Inc. any payments that I receive directly from any source for the services provided to me. I also authorize Ridge Ambulance Service Inc. to bill my insurance on my behalf for payment of services provided.

I also acknowledge that I have received a copy of the Ridge Ambulance Service Inc. Notice of Privacy and Practices. A copy of this form is as valid as the original. This is a lifetime authorization and can be revoked at any point in time by mailing a letter asking us to revoke your authorization to Ridge Ambulance Service, 2252 Cornell Ave., Montgomery, IL 60538.

X

X

Patient Signature

date

If Patient is unable to sign a representative may sign for them:

X

X

Patient Representative Signature

relationship to patient

If no one else is available to sign on patient's behalf please indicate why the patient was unable to sign:

These two signatures below are not financially responsible for the patient's bill, but are witness to the fact that patient's condition is such that they are unable to sign.

2 persons to sign below to witness that patient is unable to sign:

X

X

Employee of Ridge Ambulance

receiving facility representatvie