



# City of Houston Emergency Medical Services

HFD EMS Finance  
P.O. Box 3347  
Houston, TX 77002  
713-837-0311 (Phone)

## Insurance Submittal Form

Use this form to submit your insurance documentation so that we may bill your insurance company. We accept medical insurance, Medicare and Medicaid. Please complete each field and then mail this form to the above address or call 713-837-0311. If possible, include a front and back copy of your insurance card. You may also call us and submit your information over the phone.

Account Number From Bill		Patient Social Security Number		
Patient First Name	Patient Middle Name	Patient Last Name		
Patient Address		City	State	Zip
( ) Home Phone	( ) Work Phone	Email Address		
Parent/Guardian or Responsible Party Name:		Phone, if different than above		
First, Middle, Last				

**If you have Medical Insurance:** *(Include a front and back copy of your insurance card if possible)*

Insurance Company Name	Insurance Company Address	City	State	Zip
( ) Insurance Phone Number	Insurance Policy Number	Insurance Group Name & Group Number		

**If You Have Medicare:**

**If You Have Medicaid:**

Medicare Beneficiary Number

Medicaid Recipient Number

### Release of Information and Payment Authorization

I certify that the information given in applying for payment under Title XVIII of the Social Security Act or insurance information is correct. In compliance with the Health Insurance Portability & Accountability Act, I authorize release of all medical records required to act on this request and I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to the City of Houston.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_