



NDP EMS
P.O. Box 672
Rhinebeck, NY 12572-0672
Phone 845-876-3860 Fax 845-876-7071

Request for Medical Insurance Information

Patient's Name: _____

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

Patient's Mailing Address: _____

Patient's Telephone Number: _____

Patient's Run Number: _____ **Date Of Service:** _____

Primary Insurance Name: _____

Primary Insurance Address & Phone: _____

Primary Insurance ID #: _____

Guarantor Name and DOB: _____
(If applicable)

Secondary Insurance Name: _____

Secondary Insurance Address & Phone: _____

Secondary Insurance ID #: _____

Guarantor Name and DOB: _____
(If applicable)

Assignment of Benefits and Collection

In consideration of services rendered, I hereby assign and authorize payment directly to NDP EMS, PO Box 672 Rhinebeck, NY 12572 of any and all insurance benefits to which I am entitled for this and future services. I further authorize NDP EMS to release medical and other information necessary for the insurance carrier to process any claim for the services referred, now and in the future. I understand that I am ultimately responsible for the full payment of all charges related to this service.

SIGNATURE (Patient or Responsible Party)

DATE