

New Madrid County District

P.O. Box 218

New Madrid, MO 63869

(573) 748-5571 Fax (573) 748-8900

Primary Insurance Information

Secondary Insurance Information

Name of Patient

Insurance Company

Patient's Social Security Number

Insurance Company Street Address

Insurance Company

City, State, Zip

Insurance Company Street Address

Insured Name

City, State, Zip

Policy Number/Social Security Number

Insured Name

Employer

Group Number

Policy Number/Social Security Number

Employer

Group Number

Insured or authorized persons signature:

I authorize payment of medical benefits to New Madrid County Ambulance District for services rendered to myself or family member.

Release:

I authorize the release of any medical or other information necessary to process this claim.

Signature of Insured or Guardian of Insured