

CHAFFEE COUNTY E.M.S.

P.O. Box 699, Salida, CO 81201
(719) 539-1914

PLEASE RATE OUR SERVICES

	Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor
DISPATCHER Promptness Helpfulness Professionalism					EMS CREW Appearance Professionalism Caring/Compassion				
VEHICLE/EQUIP. Appearance Safe, Comfortable Ride					Overall Thoroughness and quality of care				
					OVERALL EVAL. OF OUR SERVICES				

Comments about our service:

Date of Service: _____

Please complete all applicable information on this form and return to the address above within five days. PLEASE

NOTE: We cannot bill your insurance company without your signature. We also must have the address where your insurance claims are sent. If you have any questions regarding medical transportation you received, please call Chaffee County EMS at (719) 539-1914.

PATIENT INFORMATION

Patient Name (Last, First, M.)	Phone	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.	Age
Address		Incident Location		
City, State, Zip		Transport To:		

INSURANCE COMPANY INFORMATION

I request that payment of authorized Medicare, Medicaid, Supplemental and Private Insurance benefit be made to me or on my behalf to Chaffee County E.M.S. (P.O. Box 699, Salida, CO 81201) for any service provided to me by Chaffee County E.M.S. now or in the future. I authorize any holder of medical information about me to release to Chaffee County E.M.S. and it's agents any information needed for billing related to services provided.

Signature of Patient

Date

(Parent or Guardian signature for patients under 18 years – state relationship to Patient)

PRIMARY INSURANCE

SECONDARY INSURANCE

Insurance Company	Phone Number	Insurance Company	Phone Number
Insurance Address		Insurance Address	
Name of Policy Holder	Social Sec. No.	Name of Policy Holder	Social Sec. No.
Member ID	Group Number	Member ID	Group Number