

Ambulance Signature/Claim Submission Authorization Form – Version 2.2

Patient Name: _____ **Transport Date:** _____

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that **Greenport Rescue Squad Inc.** provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient. ***A copy of this form is valid as an original***

SECTION I - PATIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing.
NOTE: if the patient is a minor, the parent or legal guardian should sign in this section.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by **Greenport Rescue Squad Inc.** now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by **Greenport Rescue Squad Inc.**, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to **Greenport Rescue Squad Inc.** any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to **Greenport Rescue Squad Inc.** I authorize **Greenport Rescue Squad Inc.** to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to **Greenport Rescue Squad Inc.** and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by Greenport Rescue Squad Inc., now, in the past, or in the future. I also authorize **Greenport Rescue Squad Inc.** to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

X _____ X _____
Patient Signature or Mark Date Witness Signature Date
3 Newman Road Hudson NY 12534
Witness Address

SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE

Complete this section **only** if the patient is physically or mentally incapable of signing.

Describe the circumstances that make it impractical for the patient to sign:

I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by **Greenport Rescue Squad Inc.** now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Authorized representatives include **only** the following individuals:

- Patient's legal guardian
- Relative or other person who receives social security or other governmental benefits on behalf of the patient
- Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs
- Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient

X _____
Representative Signature Date Printed Name of Representative

NOTICE

According to Insurance/Medicare guidelines suppliers are required to have a signature on file prior to billing Insurance/Medicare for ambulance services. The patient was unable to sign his/or her name and/or no family representative was available at the time of service.

Enclosed is a copy of our Signature Form pending Insurance/Medicare billing. Please sign our enclosed form and return to Greenport Rescue Squad, Inc. in the return envelope as soon as possible.

Any questions contact our billing office directly. Thank You.

Greenport Rescue Squad, Inc. Billing Office

518-822-8511 x3