



POST OFFICE BOX 13250
SAVANNAH, GA. 31416-0250

SOUTHSIDE COMMUNITIES FIRE PROTECTION, INC.

FIRE PHONE: 355-6688
BUSINESS PHONE: 354-1011

Please complete all sections below that apply regarding your automobile accident and return via mail or fax to our office.

PATIENTS NAME: _____

SOCIAL SECURITY: _____

Auto insurance: Due to the lengthy process of settling claims, we will not file third party insurance. We can file your auto insurance or the auto insurance of the person's car you were in, otherwise you are responsible for your bill. We *cannot* file Medicare, Medicaid, or Health Insurance without a rejection from the auto insurance of the car that you were riding in at the time of accident.

Name of the insurance company _____

Address _____ phone () _____

Policy # _____ claim # _____ agent _____

Adjuster _____

Please provide additional insurance information and patient address corrections on the back of this form.

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I hereby authorize payment to Southside Fire/EMS Mercy Ambulance Service for services described herein and release any information necessary to process this claim.

Please sign here _____ Date _____