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.

PATIENTS NAME: _____
SOCIAL SECURITY: _____
****
MEDICARE:
Name and number as it appears on card _____
MEDICAID: ***We are a Georgia Medicaid provider only!***
Name and number as it appears on card _____
****
CHAMPUS:
Name of sponsor_____ SS#_____
Rank_____ active duty or retired_____ branch_____
Relationship to sponsor_____
****
MAJOR MEDICAL:
Name of insurance company:_____
Claims address_____
Phone number ( )_____ employer _____
Insured's name_____ policy or identification # _____
Group #_____ relationship to patient _____
****
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.
****
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_____