



COUNTY OF AUGUSTA
Finance Department

18 Government Center Lane * PO Box 590
Verona, VA 24482-0590
Phone: 540-245-5741 * Fax: 540-245-5742

Please fill out this form to provide additional billing information that will allow Augusta County to bill for your transport services. Failure to provide this information could leave the balance to the responsibility of the patient.

Incident # Date of Service: 10/15/2018

Name: _____
First M. Last

Patient Mailing Address (please update if necessary)

_____ Street

_____ City State Zip Code

Daytime Phone: _____ Date of Birth: _____

SSN: _____

Signature Date

Primary Medical Insurance Information

Insurance Company Name: _____

Claim Filing Address: _____

Claim Phone number: _____

Policy ID Number: _____

Employer Name: _____

Secondary Medical Insurance Information

Insurance Company Name: _____

Claim Filing Address: _____

Policy ID Number _____

Employer Name: _____

If Auto Accident, Please Provide automobile Liability insurance information as well.

Auto Insurance Company Name: _____

Claim Filing Address: _____

Claim Number _____

Contact Name: _____

Policy Holder Name: _____