



City of Houston Emergency Medical Services

PO Box 4945
Houston, Texas 77210-4945
713-963-0732 (Phone)
1-800-929-6209 (Toll Free)
1-888-fax-ems9 (Toll Free Fax)

Insurance Submittal Form

Use this form to submit your insurance documentation so that we may bill your insurance company. We accept medical insurance, Medicare and Medicaid. Please complete each field and then mail this form to the above address or fax toll free to 1-888-fax-ems9. If possible, include a front and back copy of your insurance card. You may also call us and submit your information over the phone.

Account Number From Bill

Patient Social Security Number

Patient First Name

Patient Middle Name

Patient Last Name

Patient Address

City

State

Zip

()

Home Phone

()

Work Phone

Email Address

Parent/Guardian or Responsible Party Name:

First, Middle, Last

Phone, if different than above

If you have Medical Insurance: *(Include a front and back copy of your insurance card if possible)*

Insurance Company Name

Insurance Company Address

City

State

Zip

()

Insurance Phone Number

Insurance Policy Number

Insurance Group Name & Group Number

If You Have Medicare:

If You Have Medicaid:

Medicare Beneficiary Number

Medicaid Recipient Number

Release of Information and Payment Authorization

I certify that the information given in applying for payment under Title XVIII of the Social Security Act or insurance information is correct. In compliance with the Health Insurance Portability & Accountability Act, I authorize release of all medical records required to act on this request and I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to the City of Houston.

Signature: _____

Date: _____