



# LifeMed, Inc.

P.O. Box 323  
North Manchester, IN 46962-0323

Emergency Medical Service • Medical Transportation Service

Business Office (260) 982-8363 • (800) 400-8441 • Fax (260) 982-4710

## **PRIVATE INSURANCE INFORMATION FORM**

If you have private insurance that you would like us to file in reference to services we have rendered please complete this form and return it to the above address. Please complete as much of the requested information as possible. You may also attach a copy of both sides of your insurance card rather than complete the insurance company information. Please make sure that any copies are legible. There is no charge for us to provide this service to you. Thank you for your cooperation and for choosing us as your EMS/ Medical Transportation provider.

Patient's Name

Patient's Social Security Number

Daytime Telephone Number in the Event We Need Additional Information

### **Insurance Company 1**

Name of Insurance Company

Birth Date of Insured

Name of Insured

Insured's Social Security #

Relationship to Patient

Policy/Identification Number

Group Number

Group Name

Insurance Company Address

City

State

Zip Code

Insurance Company Phone

### **Insurance Company 2**

Name of Insurance Company

Birth Date of Insured

Name of Insured

Insured's Social Security #

Relationship to Patient

Policy/Identification Number

Group Number

Group Name

Insurance Company Address

City

State

Zip Code

Insurance Company Phone