CITY OF Grand Junction COLORADO

FIRE

INSURANCE INFORMATION FORM

PATIENT NAME:_____

PATIENT ADDRESS:_____

DATE OF SERVICE:_____

ACCOUNT NUMBER:_____

TRIP NUMBER:_____

INSURANCE COMPANY NAME:_____

INSURANCE COMPANY ADDRESS (CITY, STATE, ZIP):

_____

_____

INSURANCE COMPANY PHONE NUMBER: _____

POLICY NUMBER:_____

GROUP NUMBER: _____

NAME OF INSURED:_____

EMPLOYER (IF POSSIBLE):_____

INFORMATION OBTAINED BY:_____

DATE: _____

333 West Avenue Bldg E
Grand Junction, CO 81501
G:\Share\EMSFORMS\Non-emergent transport forms

Ambulance Billing Office: (970) 244-EMS1 (3671)
Non-Emergent Ambulance Dispatch: (970) 242-HELP (4357)
Fax: (970) 244-1478