

EMERGENCY MEDICAL SERVICES

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Due to the patient's condition at the time of service, Texas A&M University EMS was unable to obtain the patient's signature. We are unable to file to the patient's insurance without the below signature. Please review the following statements, sign below, and return to Texas A&M University. We will then be able to file to the patient's insurance.

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that Texas A&M University EMS provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient.

Assignment of Benefits: I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by Texas A&M University EMS now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by Texas A&M University EMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Texas A&M University EMS any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Texas A&M University EMS. I authorize Texas A&M University EMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to Texas A&M University EMS and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by Texas A&M University EMS, now, in the past, or in the future.

X _____
Patient Signature

Date

X _____
Witness Signature

Date

A copy of this form is valid as an original