



**Taos County Emergency Services
Billing/Insurance Information Form**

**Completed Forms may be sent to:
105 Albright St. Suite U, Taos, NM 87571
Or faxed to: (575) 751-7264**

Lifetime Signature Authorization Form

I request that payment of authorized Medicare, Medicaid, and/or other Insurance benefits be made either to me or on my behalf to TAOS COUNTY EMERGENCY SERVICE for any services furnished to me by that supplier. I authorize any holder of hospital or medical information about me to release to the Health Care Financing Administration and its agents and carrier as well as to TAOS COUNTY EMERGENCY SERVICE any information or documentation needed to determine these benefits or the benefits payable for related services. I permit a copy of this authorizes to be used in place of the original. I understand that this authorization may be used by supplier for all services now and in the future until such time that I revoke this authorization in writing. **Please include a copy of your insurance card (front and back) when submitting this form.**

Required Information:

Patient's Printed Name: _____
(Last) (First) (MI)

Address: _____

Date of Birth: _____

Phone Number: _____

Primary Insurance Information:

Medicare Number (If Applicable): _____

Insurance Company Name: _____

Member Number/Policy Number: _____ Group Number: _____

Insurance Company Mailing Address: _____

Insurance Company Phone Number: _____

Secondary Insurance Information (If Applicable):

Insurance Company Name: _____

Member Number/Policy Number: _____ Group Number: _____

Insurance Company Mailing Address: _____

Insurance Company Phone Number: _____

Signature: _____

Date: _____