



## Insurance Addition Form

**If you have any additional insurance you would like to be billed, please fill out the following:**

If you have auto insurance, please provide us the following information:

Insurance

Name: \_\_\_\_\_

**If you have insurance or another payer, please provide us with the following information:**

Insurance Plan

Name: \_\_\_\_\_

Policy Number \_\_\_\_\_ Group No. \_\_\_\_\_

Insured Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mail or bring form in person to:

**Ambulance Service of Bristol  
1718 Shelby St  
Bristol TN, 37620**

For billing questions, please call 423-764-4942 x-4 between 8:30AM – 4:30 PM Monday through Friday.

Thank You.