



Jackson Township Fire Department  
P.O. Box 517  
Grove City Ohio, 43123

## EMS Transportation Billing Policy

At the time of service you will be asked to read and sign our treatment/transportation billing authorization. Verbal authorization from parents of minor children or legal guardians not physically present at the time of service will be accepted on good faith.

By your signature or verbal authorization you are: Authorizing Jackson Township Fire Department to make submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to you by the Jackson Township Fire Department 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, or those under my care in which I am responsible for, by the Jackson Township Fire Department, 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. You agree to immediately remit to the Jackson Township Fire Department any payments that you receive directly from insurance or any source whatsoever for the services provided to you and you assign all rights to such payments to the Jackson Township Fire Department. You authorize the Jackson Township Fire Department to appeal payment denials or other adverse decisions on my behalf without further authorization. You authorize and direct any holder of medical information or other relevant documentation about you to release such information to the Jackson Township Fire Department 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 Jackson Township, now, in the past, or in the future.