City of Sunrise Fire Rescue
7900 NW 154th St
Suite 201
Miami Lakes FL 33016

IMPORTANT NOTICE

i For help with billing questions, please call: 888-445-0397. To update insurance information, go to: https://ambulancebilling.com

Addressee

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eStatements

It's fast, easy, and no postage necessary. Enroll today! emsbilling.mysecurebill.com



Account Number Due Date Upon Receipt \$687.00 \$ Amount Paid

Please make checks payable and remit to:

Check if address/insurance changes are on back

myEasyMatch Code: B4J-CK7-CVW

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
		10/20/2022	Upon Receipt

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
07/11/2022	PATIENT: INCIDENT Emergency Medical Services	\$687.00		
	TOTAL BALANCE			\$687.00
	This notice is in regards to the ambulance service provided to you on 07/11/2022. We filed a claim to the insurance we had on file, United Healthcare, but the claim was denied. Please provide your insurance information so we can bill the appropriate insurance provider. Please be sure your name and policy identification number are exactly as they appear on your insurance card(s). If the insurance information shown is correct, or if you are uninsured, you are responsible for this payment. Please see above to make a payment. For information or assistance on this account, please call 888-445-0397. □			

MESSAGES

In order to process your claim, please provide your insurance information on the back of this bill and mail the form to City of Sunrise Fire Rescue, PO BOX 947591, ATLANTA GA 30394-7591 or fax it to 305-428-5385. To update insurance, go to https://ambulancebilling.com.

INSURANCE INFORMATION

AMOUNT DUE:

\$687.00