FORM 1873 EMS PASSPORT APPLICATION 2022

Please use blue or black ink to complete this form. Sign the Billing Authorization/Responsibility for Payment statement.

Submit this form and payment ($49 individual; $79 family).

Part 1: APPLICANT (Please Print or Type) Individual Subscribers complete Part 1 only

Last Name	First Name	MI	Last 4 SS #	Coverage Type: Check the correct box ☐ Individual ($49.00) ☐ Family ($79.00)

Residential Address	Apt. No.

City	State	ZIP Code	Telephone Number

Mailing Address if different from above	Apt. No.

City	State	ZIP Code	Email Address (confirmation letter only)

Part 2: ADDITIONAL RESIDENTS AT THIS ADDRESS, FAMILY IN NURSING FACILITIES, ETC.

Last Name	First Name	MI	Last 4 digits of SS #

Billing Authorization/Responsibility for Payment

I understand that I am financially responsible for the services provided to me by Chesterfield County Fire and EMS, or CFEMS, regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to CFEMS or its billing agent for any services provided to me by CFEMS. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) and its carriers and agents, as well as to CFEMS and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by CFEMS, now or in the future. I agree to immediately remit to CFEMS any payments that I receive directly from any source for the services provided to me. A copy of this form is as valid as the original.

Signature of head of household or other authorized person:

Signature _____ Date _____

Mail checks and application to:

CFEMS
P.O. Box 1658
Chesterfield, VA 23832

Or

Credit Card payments: www.chesterfield.gov/EMSPassport

PLEASE NOTE: ENROLLMENT DATES January 2022 THROUGH DECEMBER 2022

Your subscription will be effective upon receipt of your application and payment.

EMS PASSPORT