

If you have been transported by Boston MedFlight and your insurance information was not available at the time or you would like to make payment by a credit card please complete the appropriate section below and fax (781-863-2791) or mail to BMF Attention: Billing Office.

Thank You

(PLEASE PRINT)

Primary Insurance: _____ Eff. Date: _____

Policy Number: _____

Group Number: _____

Address: _____

Subscriber Name: _____

*If injury is work-related, give injury date: _____

Employer Name: _____

Employer Address: _____

Employer Telephone: _____

Claim/File Number: _____

*If injury is motor vehicle related, give injury date: _____

Insurance Address: _____

MassHealth RID#: _____

Secondary Insurance: _____ Eff. Date: _____

Policy Number: _____

Group Number: _____

Address: _____

Subscriber Name: _____

IF PAYING BY CREDIT CARD, FILL OUT BELOW

MASTERCARD VISA AMEX DISCOVER

CARD NUMBER

SIGNATURE

AMOUNT

EXP DATE