P.O. Box 175
Kinross, MI 49752
(906) 495-6062 Office
(906) 495-6139 Fax

Kinross EMS

I the undersigned agree to pay Kinross EMS _____US Dollars for my transfer to _____Hospital. I understand that this transfer is at my request for my convenience and I accept transport from Kinross EMS under the following conditions.

1. I will pay Kinross EMS in advance by either cash, credit card, or cashiers check.
2. I will receive a receipt in the mail from the Kinross township treasurer once my payment has been receipted in by the treasure's office.
3. I understand that Kinross EMS will **not** submit my bill to my insurance company for reimbursement on my behalf.
4. I understand that if I wish to seek reimbursement I will be responsible to contact my insurance company on my own. If I wish to do so, I can request in writing, from Kinross Charter Township, any documentation needed to complete this transaction.

Date:_____

Patient signature_____

Patients address_____

Patients home phone_____work phone_____

Nearest Relative_____

Witness signature_____

Kinross EMS staff signature_____