



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Fire and Emergency Medical Services Department

PUBLIC NOTICE

Date of Notice: 09/27/2021

Effective Date: 10/01/2021 (and prior)

Reason for Notice: Public notice of assignment of benefits form(s) used for electronic medical records.

When a patient is treated and/or transported by the District of Columbia Fire and Emergency Medical Services (DCFEMS) Department, or by Global Medical Response (GMR, formerly AMR), a first responder or ambulance attendant may request that a patient (or patient representative) electronically sign an **Assignment of Benefits** form. An excerpt of the electronic signature form used for this purpose is included below. The actual signature form **may not display all of the formatting features** included below.

As of **October 1, 2021 (and prior):**

ASSIGNMENT OF BENEFITS

I acknowledge that I am legally responsible for the ambulance services provided to me. I request and assign payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to DCFEMS/AMR directly for any ambulance services and supplies furnished to me by DCFEMS/AMR whether in the past, now, or in the future.

I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as DCFEMS/AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services whether in the past, now or in the future.

I agree to cooperate with DCFEMS/AMR or its agent in collecting any such benefits.

I acknowledge that I have been provided with a copy of DCFEMS/AMR's Notice of Privacy Practices.

I expressly authorize DCFEMS/AMR or its agents or associates to contact me or any responsible party at any phone number provided, including any cellular phone number provided, for the purpose of resolving any unpaid balances or other pertinent issues.

Assignment of Benefits Notice (10-01-2021 and prior)

- Patient or Guarantor agrees that such contact may be made to any mailing address, telephone number, cellular phone number, e-mail address, or any other electronic address that Patient or Guarantor has provided, or may in the future provide, to DCFEMS/AMR.
- Patient or Guarantor agrees and acknowledges that any e-mail address or any other electronic address that Patient or Guarantor provides to DCFEMS/AMR is Patient's or Guarantor's private address and cannot be accessed by unauthorized third parties.
- Patient or Guarantor agrees that in addition to individual persons' attempting to communicate directly with Patient or Guarantor, any type of contact described above may be made using, among other methods, pre-recorded or artificial voice messages delivered by an automatic telephone dialing system, pre-set e-mail messages delivered by an automatic e-mailing system, or any other pre-set electronic messages delivered by any other automatic electronic messaging system.
- Patient or Guarantor also authorizes DCFEMS/AMR or its agents or associates to obtain a credit report to assist in the collection of any unpaid balances.

Nothing herein shall relieve me from the direct financial responsibility for any charges not paid by an insurer. I further agree to send promptly to DCFEMS/AMR any payments that an insurer forwards to me.

This notice was approved for publication by the District of Columbia Fire and EMS Department on 09/27/2021.