

210, rue John, Bureau 101  
Moncton, NB E1C 0B8  
Téléphone: 506-872-6500  
Télécopieur: 506-872-6501



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Fax: 506-872-6501

Patient Name \_\_\_\_\_ Invoice Number \_\_\_\_\_

### MEDICAL INSURANCE

If you have medical insurance, please contact your insurance provider directly to discuss your amount of coverage, and how to claim your reimbursement after you have paid your invoice.

### OTHER COVERAGE

If you have any of the following cards please fill in the card number and return this page to Ambulance New Brunswick or call 1-888-657-3222.

- |                                    |                              |
|------------------------------------|------------------------------|
| - Veterans Affairs Medical Card    | K _____                      |
| - Social Development (white card)  | District Office Number _____ |
| - New Brunswick Yellow Health Card | Card Number _____            |
| - New Brunswick Special Care Card  | Card Number _____            |
| - First Nations                    | Registration Number _____    |

### NBPDP (New Brunswick Prescription Drug Program)

If you are enrolled in the New Brunswick Prescription Drug Program or a recipient of the Guaranteed Income Supplement please call 1-888-657-3222

### MOTOR VEHICLE ACCIDENT

If your transport is a result of a motor vehicle accident please contact your motor vehicle insurer, as the cost of the ambulance service should be covered.

### UNINSURED NEW BRUNSWICK RESIDENT

If you do not have any medical coverage that would cover any or all of this invoice please sign and date the declaration below and return it to Ambulance New Brunswick within 30 days of invoice issue date.

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I hereby declare that I do not have any form of medical insurance that would cover any or all of the fee on this invoice. I acknowledge and consent to Ambulance New Brunswick investigating this statement at any time to ensure the accuracy of this claim.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Invoice Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date