



City of Manassas Fire and Rescue System
 9324 West Street, Suite 103 Manassas, VA 20110
 Ph: 703-257-8458 Fax: 703-257-2403

Walk-In Patient Representative Form

PLEASE PROVIDE TWO FORMS OF IDENTIFICATION. ONE FORM MUST CONTAIN PHOTO

Date: _____

Name: _____

Relationship to patient: _____

Patient Name: _____

Patient Date of Birth: _____

Patient Address: _____

Please check the reason for your visit:

Obtain copy of invoice/statement:

Other: _____

Drop off documentation:

Please specify what type of document : _____

Patient Representative Signature: _____

FOR EMS Billing Staff Only:

Type of Identification:

Driver's License

ID#

Issuing State:

State ID

ID#

Issuing State:

If other, please specify: _____

Name of EMS Billing Staff: _____

Date: _____