



Creamery Building  
21 S. Kent St, Suite 301  
Winchester, VA 22601

Telephone: (540) 662-2298  
FAX: (540) 542-1318  
Website: www.winchesterva.gov

## Patient Insurance Update Form

Today's Date: \_\_\_\_\_

Incident or Account Number (If known): \_\_\_\_\_

### Patient Information

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (If pt is responsible) \_\_\_\_\_

### Primary Insurance Update

Primary Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

SSN: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Claims Mailing Address: \_\_\_\_\_

Relationship to Patient: Self      Spouse-Partner      Parent/Guardian      Other

### Secondary Insurance Update/Addition (If Applicable)

Secondary Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

SSN: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

Claims Mailing Address: \_\_\_\_\_

Relationship to Patient: Self      Spouse-Partner      Parent/Guardian      Other

*"Our Mission is to professionally provide and enhance life safety and fire protection services in a safe, resolute and respectful manner for all our community partners."*

**Auto/Accident Insurance Update/Addition**  
**(If Applicable)**

Auto Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

At-Fault Party Name: \_\_\_\_\_ Primary Payment Method? Yes No

Agent: \_\_\_\_\_ ID#: \_\_\_\_\_

Claims Mailing Address: \_\_\_\_\_

Please complete and return this form by mail or  
hand deliver to:

Winchester Fire and Rescue  
Attn: EMS Billing Manager  
21 South Kent Street  
Suite 301  
Winchester, Virginia 22601