

Ambulance Reimbursement Systems, Inc.
PO Box 207
Allentown, PA 18105

800-473-2278

484-664-2015 fax

Date: _____

Ref. - Patient: _____

Run #: _____ - _____

DOS: _____

Balance: _____

Dear Patient:

Sorry you are having trouble with the invoice that you have received. In order for us to make a determination on your hardship we will need you to do the following:

- ✓ Complete the top portion of this letter with your information and a date A letter explaining your dispute
- ✓ A copy of your last year Federal Income Tax filing documents
- ✓ A current copy of your bank statement
- ✓ Any other documents demonstrating financial status you might think pertinent.

Until all required documents are submitted and a final determination is made, this bill remains due and collectable. If a check for all or a portion of the amount owed was mailed to you directly from your insurance company, please forward that payment to us. If you have not contacted your insurance company and feel they should have covered this service, we suggest you contact them directly.

Please be advised that arrangements can be made for installment payments by calling the Billing Office at the above telephone number. Please feel free to contact us with any questions or concerns you may have. We look forward to a speedy resolution of this invoice to our mutual satisfaction.

Sincerely,

Mrs. Elisa M. Albertson, EMT, CMRS

Billing Office