

WOOD RIVER FIRE DEPARTMENT
FIRE-EXTRICATION-HAZMAT BILLING FORM
 FIRE-EXTRICATION-HAZMAT BILLING, LLP
 2010 So. 80th St.
 LINCOLN, NE 68506
 OR SEND TO
 FAX IMMEDIATELY TO FIRE-EXTRICATION-HAZMAT BILLING AT 402-489-8683

DAMAGED EQUIPMENT CHARGES _____

DAMAGED EQUIPMENT (Department equipment damaged at the scene)

	SUPPLIES SAFETY FLARES _____ ABSORBANT PADS _____ OTHER SUPPLIES _____	EQUIPMENT USED PUMPER _____ TANKER _____ TANKER _____ PUMPER _____ JAWS OF LIFE _____ POWER SAW _____ HYDRAULIC JACK/CHISELS _____ OTHER _____	RESPONSE VEHICLES PUMPER _____ TANKER _____ TANKER _____ PUMPER _____ AERIAL LADDER TRUCK _____ GRASS RIG _____ UTILITY TRUCK _____ RESCUE UNIT _____ CLASS A FOAM _____ CLASS AFFE FOAM _____ # BAGS ABSORBANT _____ CLASS A FOAM _____ CLASS AFFE FOAM _____
		CRIBBING BLOCKS _____ WINCHES _____ AIR BAGS _____	

Please give a brief description of what was done, i.e. Extinguish fire, removed car door, traffic control, scene safety, etc.

IF OTHERS ARE INVOLVED COMPLETE INFORMATION ON THE BACK OF THIS FORM

NAME OF INSURED: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP: _____
 NAME OF INSURANCE COMPANY: _____
 POLICY NUMBER: _____
 AGENT (IF AVAILABLE): _____
 Tel# _____
 ADDRESS (IF AVAILABLE): _____

LOCATION OF INCIDENT: _____

BRIEF DESCRIPTION OF THE INCIDENT: _____

Date of Incident: _____
 FIRE CALL _____
 EXTRICATION CALL _____
 HAZARDOUS MATERIAL INCIDENT _____
 (CHECK ALL THAT APPLY)
 DISPATCH TIME _____
 BACK IN SERVICE TIME _____
 INCIDENT NUMBER _____
 MILEAGE _____

**SUPPLEMENTAL INFORMATION / BILLING FORM
OTHERS INVOLVED IN THE INCIDENT**

INCIDENT # _____

**NAME OF
INSURED:**

ADDRESS: _____

CITY: _____

STATE _____

ZIP _____

NAME OF INSURANCE COMPANY

POLICY NUMBER:

AGENT: (IF AVAILABLE) _____

TEL. # _____

ADDRESS: (IF AVAILABLE) _____

**NAME OF
INSURED:**

ADDRESS: _____

CITY: _____

STATE _____

ZIP _____

NAME OF INSURANCE COMPANY

POLICY NUMBER:

AGENT: (IF AVAILABLE) _____

TEL. # _____

ADDRESS: (IF AVAILABLE) _____

OTHER INFORMATION AS APPROPRIATE:

FIRE-EXTRICATION-HAZMAT BILLING, LLP

EXPLANATION OF THE INFORMATION BILLING FORM

1. Type of incident: Check all that apply. For example, a car fire, gas spill, and use of extrication equipment would require you to check all three.
2. Dispatch time: Time that you left the fire station or departed to the scene.
3. Back in service time: Time that you returned to the fire station, cleaned and put away all of your equipment and were ready to respond again.
4. Incident Number: A number that you assign to track your calls.
5. Mileage: Round trip mileage. We will use the same mileage indicated for all vehicles that are marked as responding to the incident.
6. Location of Incident: Highway and mile marker, town and street address, RR #, and zip code if possible.
7. Brief description of incident: For example: Two car P. I. accident, three people injured, one dead at scene. One car roll over. Grass fire along railroad right of way. House fire. Hazmat clean up.
8. Name of insured etc.: You normally can get this from the investigating law enforcement officer, ambulance personnel, or insurance card that is supposed to be in car.
9. Name of insurance company: You normally can also get this from investigating law enforcement officer, ambulance personnel, or insurance card. (If no ins. info. is available, the bill will be sent to insured.)
10. Response vehicles: You may want to put the # of the vehicle in front, and the number of hours the vehicle was used behind. Put times in hours and quarter or half hours, for example: 1 1/2 hours. The charges for the vehicles includes the personnel that operate them.
- Please give a brief description of what was done, i.e. put out fire, removed car door, controlled traffic, provided scene safety, assisted E/MS, extricated patient, etc.
11. Equipment used: Please check the equipment that was used.
12. Supplies: Please include the amount of supplies used. For example "5 SAFETY FLARES".
13. Damaged equipment: If any of your equipment was damaged as a result of others, such as your fire hose was run over by train, please explain the loss and approximate cost of the loss.
14. Please complete supplemental insurance information for others involved in the incident. The first form should have the information as to who you think was a fault.
15. WHEN COMPLETE, FAX OR SEND IMMEDIATELY TO THE ADDRESS INDICATED ON THE FORM.
16. Do not fill in any of the charge information. Fire-Rescue-Hazmat Billing will compute all charges based on the approved billing rates and submit claims to appropriate insurance companies and/or individuals.