



North Lyon County Fire Protection District
195 East Main Street
Fernley, Nevada 89408
District Office (775) 575-3310 District Fax (775) 575-3314
www.northlyonfire.com

Patient Financial Responsibility & Authorization Form

North Lyon County Fire Protection District is committed to providing you with the highest quality healthcare. We ask that you read this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities

- The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for treatment and care.
- We will bill your insurance for you however, the patient is required to provide the most correct and updated information regarding insurance.
- Uninsured patients/dependents will be responsible to pay a discounted fee comprised of the current Nevada Medicaid ALS and mileage base rates.

By my signature below, I acknowledge that I have received and read the Patient Financial Responsibility notice provided by North Lyon County Fire Protection District (NLCFPD). I hereby authorize NLCFPD, and the billing company associated with NLCFPD to release medical and other information acquired during my examination and/or treatment to the necessary healthcare entities required to participate in my care.

Patient/Guardian Name (print)

Signature of District Representative

Signature of Patient/Guardian

Date