

CITY OF SOUTH MILWAUKEE
EMERGENCY MEDICAL SERVICES (EMS)
FEE DISPUTE RESOLUTION INFORMATION

(Please print legibly & complete in ink) – *Completed forms to be returned to the City Clerk's Office*

Person filing dispute: _____

Address of person filing dispute: _____

Phone Number: _____

Relationship to person for whom services were provided: _____

Date services were provided: _____

Location where services were provided: _____

Case / Run Number from Patient Care Report (PCR): _____

Invoice Number: _____

Reason / justification for dispute: _____

INTERNAL USE ONLY

Copy of dispute claim form given to Treasurer's Office – Date: _____

Reviewed by Insurance Clerk – Date: _____

Disposition: Justified Forwarded to FD

Amended / Voided (Reason): _____

Reviewed by Fire Chief / Dept. Representative – Date: _____

Disposition: Justified Forwarded to Finance Committee Chairperson

Voided (Reason): _____

Written statement forwarded to City Clerk

Reviewed By: _____

Reviewed by Finance Committee – Date: _____

Disposition: Justified

Voided (Reason): _____

Notification made to disputant

COMMENTS: _____

