



City of Rio Rancho
Department of Finance - Ambulance Billing
Customer Dispute Form

Please complete all the information on this form as completely and accurately as possible by typing or using blue or black ink. Please contact us at (505) 891-5010 with any questions.

Section I - Customer Information

Date: _____

Patient Name: _____ **Call #** _____
Last Name First Name

Address: _____
Street City/State Zip

Phone #: _____ **E-Mail:** _____

Section II - Dispute Information

Please describe the nature of your billing dispute in the space provided below. If more space is required, please attach additional sheets with this form. Many questions may be answered by visiting the City's Web site at <http://www.rrnm.gov/index.aspx?NID=1448>.

Customer Signature _____ **Date** _____

Please return this completed and signed form to: Attn: Steve Perkins, Ambulance Billing, 3200 Civic Center Circle NE, Rio Rancho, NM 87144, or fax to (505) 891-5762.

For Internal Use Only

Date Received: _____	Date Responded: _____
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