



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) 891-5021 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.

[Large empty rectangular box for dispute description]

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: \_\_\_\_\_