



## Summit Fire Department

# Request Form for Fire/EMS Incident Report

I am requesting the Summit Fire Department record types highlighted below:

- INCIDENT REPORT.** Report created by the Incident/ Shift Officer that complies with the rules of the National Fire Incident Reporting System (NFIRS).
- FIRE INVESTIGATION REPORT.** Not all fires will have a Fire Investigation Report. Depending on the incident complexity and other factors a report may not be completed for months.
- EMS/MEDICAL REPORT.** A patient authorization form is required if report contains confidential medical information and is requested by any party other than the patient or a court ordered subpoena of records.

**TO REQUEST AN AMBULANCE BILL:** The Summit Fire Department does not administer the ambulance billing process in-house. As such, call Paramedic Billing Services, INC., the Summit Fire Department's ambulance billing vendor, at **630-530-2988** to receive the ambulance bill.

### Please complete the following:

Requestor Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Comments: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form, along with a valid HIPAA Authorization, supporting documentation signed by the patient, if applicable, to:

Summit Fire Department  
Attn: Records  
7339 West 59<sup>th</sup> Street  
Summit IL 60501