

MedPort Inc. 9400 Midwest Ave. Garfield Heights, Ohio 44125 216-587-9715

PRIVATE BILLING FORM

DATE: _____ CLIENTS NAME: _____

FACILITY NAME: _____

DESTINATION: _____

SIGNATURE OF CLIENT: _____ DATE: _____

RESPONSIBLE PERSON NAME: _____

RESPONSIBLE PERSON ADDRESS: _____

RESPONSIBLE PERSON CITY: _____ STATE _____ ZIP: _____

SIGNATURE OF RESPONSIBLE PERSON: _____ DATE: _____

RELATIONSHIP TO CLIENT: _____

**INFORMATION PROVIDED ON THIS FORM IS FOR BILLING.
RESPONSIBLE PERSON WILL RECEIVE A BILL WITHIN
ONE (1) WEEK OF TRANSPORTATION.
ANY QUESTIONS PLEASE CALL
216-587-9715**