

GTA ACCESSIBLE TRANSPORTATION INC

REQUEST FOR DIRECT BILLED INSURANCE ACCOUNT

DATE: _____

BILL TO (Insurance Company): _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NO: _____

FAX NO: _____

E-MAIL: _____

CLAIM #: _____

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

BUZZER CODE: _____

PHONE NO.: _____

E-MAIL: _____

CUSTOMER REQUIRES WHEEL-CHAIR ACCESSIBLE VEHICLE **YES** **NO**

WHO WILL BE BOOKING THE TRIPS: **CUSTOMER** **INSURANCE/REHAB**

Please fill out only if someone other then the adjuster listed above is filling out this form

PERSON SETTING UP ACCOUNT: _____

COMPANY: _____

ADDRESS: _____

PHONE NO: _____

E-MAIL: _____

ARE THERE ANY RESTRICTIONS TO TRAVEL **YES** **NO**

IF YES, PLEASE LIST:

MEDICAL APPOINTMENTS ONLY:	YES	NO
RESTRICTED TO SPECIFIC ADDRESSES:	YES	NO
IF RESTRICTED TO SPECIFIC ADDRESSES, PLEASE LIST:		

MAXIMUM MONTHLY TRAVEL AMOUNT:	YES	NO
IF RESTRICTED BY AMOUNT, PLEASE PROVIDE MAXIMUM AMOUNT: \$ _____		
OTHER RESTRICTIONS:		

TERMS AND CONDITIONS

- 1) All pricing will be as per the most recently published GTA Accessible Transportation Inc price list.
- 2) No show, cancelled at the door and short cancellation fees will be charged as per GTA Accessible Transportation Inc policy.
- 3) No account may be cancelled retroactively
- 4) The Insurance Company is responsible for payment on the account until GTA Accessible Transportation Inc receives a written cancellation.
- 5) If there is a dispute on a charge, it must be forwarded in writing within 45 days of date of invoice or it will not be accepted and the full charge will be due and payable.
- 6) GTA Accessible Transportation Inc will measure all distances using appropriate computer software and charge accordingly.
- 7) From time to time due to unusual weather or road conditions the vehicle may be late and GTA Accessible Transportation Inc does not accept any responsibility in late arrival or no show fees administered to the client.
- 8) Orders will only be accepted by the authorized person or persons. These orders may be emailed, faxed or phoned in.
- 9) 3rd party billing must be approved by the 3rd party.
- 10) Should legal action be required to collect an over due account, the insurance company is responsible for said expenses.

The undersigned acknowledges that they have the authority to open this account on behalf of the previously named insurance company.

PRINT NAME OF INSURANCE ADJUSTER: _____ **(REQUIRED)**

SIGNATURE OF INSURANCE ADJUSTER: _____ **(REQUIRED)**

www.GTAAccessible.com
info@GTAAccessible.com

8111 Jane St Unit 8 , Concord Ontario L4K 4L7
Phone No 416 834 5559 Fax 1866 204 3312