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### 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 <b>YES</b> <b>NO</b>
WHO WILL BE BOOKING THE TRIPS: <b>CUSTOMER</b> <b>INSURANCE/REHAB</b>

<b>Please fill out only if someone other then the adjuster listed above is filling out this form</b>
PERSON SETTING UP ACCOUNT: _____
COMPANY: _____
ADDRESS: _____
PHONE NO: _____
E-MAIL: _____

ARE THERE ANY RESTRICTIONS TO TRAVEL	<b>YES</b>	<b>NO</b>
<b>IF YES, PLEASE LIST:</b>		
MEDICAL APPOINTMENTS ONLY:	<b>YES</b>	<b>NO</b>
RESTRICTED TO SPECIFIC ADDRESSES:	<b>YES</b>	<b>NO</b>
IF RESTRICTED TO SPECIFIC ADDRESSES, PLEASE LIST:		
_____		
_____		
_____		
MAXIMUM MONTHLY TRAVEL AMOUNT:	<b>YES</b>	<b>NO</b>
IF RESTRICTED BY AMOUNT, PLEASE PROVIDE MAXIMUM AMOUNT: \$_____		
<b>OTHER RESTRICTIONS:</b>		
_____		
_____		
_____		

### TERMS AND CONDITIONS

- 1) All pricing will be as per the most recently published Dignity Transportation Inc price list.
- 2) A gas surcharge may be charged as per said price list.
- 3) No show, cancelled at the door and short cancellation fees will be charged as per Dignity Transportation Inc policy.
- 4) No account may be cancelled retroactively
- 5) The Insurance Company is responsible for payment on the account until Dignity Transportation Inc receives a written cancellation.
- 6) 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.
- 7) Dignity Transportation Inc will measure all distances using appropriate computer software and charge accordingly.
- 8) Terms of payment are net 30 days from date of invoice and an overdue fee of 2% per month will be charged on late payments.
- 9) From time to time due to unusual weather or road conditions the vehicle may be late and Dignity Transportation Inc does not accept any responsibility in late arrival or no show fees administered to the client.
- 10) Orders will only be accepted by the authorized person or persons. These orders may be emailed, faxed or phoned in.
- 11) 3<sup>rd</sup> party billing must be approved by the 3<sup>rd</sup> party.
- 12) 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.

SIGNATURE of INSURANCE ADJUSTER: \_\_\_\_\_ **(REQUIRED)**