

FDM FAX: 845-352-2022
FDM EMAIL: INFO@FDMNY.COM



REMINDER:
This does not
replace the C2-F

FDM Preferred Insurance Co., Inc. | Fire Districts Insurance Co., Inc.

FastFax Notice of Injury

Fire Districts/Political Subdivision: _____

Fire Company: _____

Injured Person: _____

Volunteer

Commissioner

Paid Employee

Home Address: _____

Home Phone: _____ Date of Birth: _____ Social Security/.1• _____

Date of Injury: _____ Time of Injury: _____

Place Where Injury Occurred: _____

Description of Injury:

Nature of Injury & Part(s) of Body Affected:

Name & Address of Medical Provider &/or Hospital:

Losing Time From Work: Yes No If Yes, Indicate First Day Out: _____

**PLEASE ADVISE THE MEDICAL PROVIDER/HOSPITAL
TO FORWARD ALL BILLS AND REPORTS TO:**

Rising Medical Solutions, Inc.
Attn: Fire Districts of NY Mutual Ins. Co., Inc.
P.O. Box 294, Milwaukee, WI 53201

E-billing also available:
www.datadimensions.com/risingms
Payor ID: LV187

For Provider Relations, call 866-274-7464.

Cadence Rx First Fill Information:

Group: FDMNY
Bin #: 021460, PCN: CRX
Phone: 888-813-0023, Email: support@cadencerx.com

**Any correspondence that is NOT a medical bill,
should be sent to:**

Fire Districts of New York Mutual Insurance Co. Inc.
1 Blue Hill Plaza, 16th Floor | PO Box 1609
Pearl River, NY 10965