

Appendix B



CASA GRANDE FIRE DEPARTMENT

ATTN: AMBULANCE BILLING

MEDICAL TRANSPORT FEE HARDSHIP WAIVER

REQUEST FOR TRANSPORT FEE HARDSHIP WAIVER

A NEW HARDSHIP APPLICATION MUST BE SUBMITTED FOR EACH EMS TRANSPORT

Transported Patient Name: _____ Date of Birth ____/____/____

Home Address: _____

Email Address: _____

Applicant Phone: _____ Alternate Phone: _____

Insurance _____ Date of Transport _____

<u>Monthly Income</u>	<u>Self</u>	<u>Spouse</u>
Wage/salary	\$ _____	\$ _____
Social security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Interest income	\$ _____	\$ _____
Other	\$ _____	\$ _____
Totals	\$ _____ +	\$ _____ = \$ _____

Total size of household: _____

List of attached suggested supporting documentation:

- ☐ W-2 withholding statements or unemployment check stubs for the past 90 days
- ☐ Copies of three current paystubs from the Head of Household for the past 90 days
- ☐ Income tax return (most recent signed 1040 and/or W-2)
- ☐ Unemployment check stubs or Notarized statement of unemployment
- ☐ Application forms from Medicaid or other State-funded medical assistance program
- ☐ Documentation of catastrophic illness affecting financial solvency
- ☐ Other (list): _____

Applicant/Responsible Party

Name: _____ Relationship to Patient: _____

Address (if different from applicant):

I do hereby request that I, as applicant or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this Medical Transport Service Fee. By signing this form, I certify that I have no insurance that can be billed for this charge. I declare that all of the information contained in this document and the attachments are true and accurate. Further, I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify the Casa Grande Fire Department of any change in the financial status of the applicant or the responsible party that may affect the ability to pay this Medical Transport Service Fee.

Signature_____
Date_____
Printed Name**Mail completed applications and supporting documents to:**

Casa Grande Fire Department
Attn: Shannon Cole, Administrative Assistant-EMS
377 E Val Vista Blvd
Casa Grande, AZ 85122

For questions regarding the Hardship Waiver process, call 520-518-5512 or email
AmbulanceBilling@casagrandeaz.gov

Administrative Use Only**Incident #** _____ **Invoice #** _____**Date of Service:** _____ **Date Received:** _____**Waiver Disposition:** _____**Signature:** _____ **Date Notified:** _____