



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/Domestic Partner</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 Scottsdale 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:

Scottsdale Fire Department
Attention: Transportation Manager
8401 E. Indian School Road
Scottsdale, Arizona 85257

Alternatively, completed applications can be scanned and emailed to:

AmbulanceBilling@scottsdaleaz.gov

For questions regarding the Hardship Waiver process, call 480-312-1826 or email AmbulanceBilling@scottsdaleaz.gov

Administrative Use Only

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