



Request for EMS Transport Fee Waiver



SHENANDOAH COUNTY DEPT. OF FIRE AND RESCUE EMS REVENUE RECOVERY PROGRAM

THIS FORM MUST BE SUBMITTED FOR EACH EMS TRANSPORT THAT WAS BILLED

PATIENT NAME: _____

ADDRESS: _____

DATE OF SERVICE _____

INVOICE/RUN # _____

RESPONSIBLE PARTY

NAME IF NOT THE

PATIENT: _____

YEARLY HOUSEHOLD (ADJUSTED) GROSS INCOME: \$ _____

NUMBER OF DEPENDENTS: _____

EMS transport fee may be waived if the adjusted gross income is less than two hundred percent (200%) of the published Federal Poverty rate as established by the United States Department of Health and Human Services. SEE REVERSE FOR ADJUSTED GROSS INCOME LIMITATIONS.

I am applying to Shenandoah County Dept. of Fire and Rescue to request a waiver of payment for my EMS transport fee. I certify that I have no insurance that can be billed for this charge and am financially not able to pay. The above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein.

Signature

Date

If you have any questions, please call (540)459-6774. Please mail completed form and applicable documents to:

**SHENANDOAH COUNTY DEPT. OF FIRE AND RESCUE
600 NORTH MAIN STREET, SUITE 109
WOODSTOCK, VA 22664**

ADMINISTRATIVE USE ONLY

Annual Gross Income based on information provided: \$ _____

EMS-MC Invoice / Run #: _____

____ Approved

____ Claim Denied Due to _____

Date EMS-MC notified: _____

How Notified: _____ Email _____ Phone

Approval Signature: _____

Date: _____

200% of the 2012 HHS Poverty Guidelines

Persons in Family/Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$22,340	\$27,940	\$25,720
2	\$30,260	\$37,840	\$34,820
3	\$38,180	\$47,740	\$43,920
4	\$46,100	\$57,640	\$53,020
5	\$54,020	\$67,540	\$62,120
6	\$61,940	\$77,440	\$71,220
7	\$69,860	\$87,340	\$80,320
8	\$77,780	\$97,240	\$89,420
For each additional person add -	\$7,920	\$9,900	\$9,100

SOURCE: *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035