



## Financial Assistance Program

Columbia River Fire & Rescue is aware of the possibility that not all patients who require ambulance transport will have medical insurance. It is also possible that some insurance companies may only pay a portion of the transport costs leaving a substantial balance owing. In situations such as these, Columbia River Fire & Rescue will consider financial assistance in a case-by-case manner for patients who meet the following criteria:

- US Citizen or Legal Alien
- Resident of Oregon
- Have a gross income that meets the standards of the Department of Health and Human Services Poverty Guidelines Level for the number of family members living in the household
- Not eligible for other financial assistance
- Have less than \$5,000.00 “liquid assets” (cash, checking & savings accounts, stocks and bonds). A home or vehicles are not considered liquid assets.
- Must submit an application package with the required documentation
- Copy of previous year's income tax statement
- Paycheck stub or documentation of previous month's income
- If patient only has minimal insurance; documentation of insurance coverage
- Financial Assistance Form must be filled out completely
- Death certificate if applicable

Financial assistance will only be available one time every 12 months, per patient. The primary financial aid package through Columbia River Fire & Rescue is the FireMed Membership. This program covers its members for any out-of-pocket expenses after insurance has been billed (provided the member has insurance). This membership program has an annual fee of \$50.00. All persons listed as legal dependents for income tax purposes and immediate family members who are unmarried under the age of 26 would be covered under a FireMed Membership. Please take this membership into consideration for future transports.

It is not the intent of Columbia River Fire & Rescue to automatically dismiss bills, but to gauge the individual's ability to pay and adjust their balance accordingly. Qualified amounts, exceeding \$150.00, will be eligible for consideration. All applicants will be required to pay a minimum of \$150.00, regardless of your poverty level. The primary guideline for decision making will be based on the HHS Poverty Guidelines, taken from the U.S. Department of Health & Human Services. The HHS Poverty Guidelines for the current year are available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>.

If you have questions, please call the EMS Billing Office at (800) 238-9398.

THIS SECTION TO BE COMPLETED BY BILLING AGENCY	
Patient Name:	Incident Date:
Authorized by Columbia River Fire & Rescue Personnel:	
1)	2)
Comments	

## FINANCIAL ASSISTANCE APPLICATION

**Columbia River Fire & Rescue**  
 c/o Systems Design West Billing Services  
 P.O. Box 3510, Silverdale, WA 98383  
 Phone: (360) 394-7010 or (800) 238-9398  
 Fax: (360) 394-7097

RESPONSIBLE PARTY		
Name:	Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced	Social Security Number:
Street Address:	City, State, Zip Code	How long at this address?
Employer's Name (if employed, how long?):	Employer Address:	Business Phone No.:
Position / Title:	Monthly Income—Gross:	Monthly Income—Net:

SPOUSE/OTHER RESPONSIBLE PARTY		
Name:		Social Security Number:
Employer's Name (if employed, how long?):	Employer Address:	Business Phone No.:
Position / Title:	Monthly Income—Gross:	Monthly Income—Net:

OTHER QUALIFYING DEPENDENTS	
Number of Other Qualifying Dependents:	Name(s) & Age(s):

MISCELLANEOUS INCOME PER MONTH		
INCOME SOURCE**	AMOUNT (Per Month)	COMMENTS
Public Assistance (Per Month)	\$	
Social Security Income (Per Month)	\$	
Unemployment Compensation (Per Month)	\$	
Worker's Compensation (Per Month)	\$	
Alimony / Child Support	\$	
Pension, Retirement Income	\$	
Dividends, Interest	\$	
Savings/Checking	\$	
Other Income (Please Explain)	\$	

OTHER PERTINENT INFORMATION	
List any other information that you feel may influence a decision regarding your account:	

<b>**Note</b> the source of your income listed and what type of documentation you are providing. Examples of documentation you may use to support your income amounts recorded above would be: paycheck stubs, income tax return, W-2s, letter from employer, award letter from DSHS, VA or Social Security benefit determination letter, worker's compensation award notice, verification of child support through copy of decree, or actual check from supporting parent.	In completing this financial statement, I hereby affirm that the above statements are correct and complete, and I give my consent to further verification by Columbia River Fire & Rescue or its agents.	
	Signature	Date