



East Jefferson Fire & Rescue

Jefferson County FPD 1

24 Seton Rd, Port Townsend, WA 98368

Phn: 360-385-2626 Fax: 360-344-4604

Individual Written Notice of Financial Assistance

It is the policy of the East Jefferson Fire & Rescue that no person will be denied needed emergency medical care because of an inability to pay for such services.

East Jefferson Fire & Rescue will provide needed emergency services without charge or at a reduced charge and without discrimination to those persons with no or inadequate means to pay for needed care.

To be eligible to receive needed ambulance services without charge or at a reduced charge, you or your family's annual income must be at or below certain levels established by national poverty guidelines for this area.

If you think you may be eligible for Financial Assistance, please complete and sign the application **on the reverse side of this page**, attach documentation for any listed income or grant of "hospital charity," and send to:

East Jefferson Fire & Rescue
c/o Systems Design
PO Box 3510
Silverdale, WA 98383-3510

You will be notified of any reduction in your bill once the Fire District has reviewed your application.

Patient's Name	
Date of Service	
Transported to	

Responsible Party		Contact Phone:
Name		Mailing Address:
Relationship		
Current Employer		
Employed From		
Previous Employer		
Spouse Employer		
Employed From		
Previous Employer		

Income	Family Member 1	Family Member 2	Family Member 3	Family Member 4
Name				
Relationship				
Wages				
Self Employment				
Public Assistance				
Social Security				
Unemployment				
Worker's Comp.				
Alimony				
Child Support				
Pension/Retirement				
Dividend Income				
Rental Prop. Income				
Other Income (detail)				
Total Income				

Use this space to explain any additional information which may impact our decision.

The above information is correct to the best of my knowledge. I authorize the East Jefferson Fire & Rescue to verify for the purpose of financial assistance eligibility determination.

Signature (Patient or Responsible Party)

Date

Family Size

Current account balance	Adjustment (by Fire Dist.)	New Balance

Signature (Fire District)

Date