PIERCE COUNTY FIRE PROTECTION DISTRICT 13
PIERCE COUNTY FIRE DISTRICT #13
4815 Wa Tau Ga Avenue NE | Tacoma, WA 98422-1757
Tel: (253) 952-4776 | Fax: (253) 925-8889

Individual Written Notice of Financial Assistance

It is the policy of Pierce County Fire District #13 that no person will be denied needed emergency medical care because of an inability to pay for such services.

Pierce County Fire District #13 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.

You may also qualify for financial assistance if you have been granted financial assistance by the medical facility where you were transported.

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:

Pierce County Fire District #13
c/o Systems Design
PO Box 3510
Silverdale, WA 98383-3510

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

FINANCIAL ASSISTANCE APPLICATION

PATIENT INFORMATION		
Name:		
Date of Service:	Transported to:	Phone:
Current Address:		
City:	State:	ZIP Code:

RESPONSIBLE PARTY INFORMATION	
Name:	
Relationship:	
Current Employer:	Employed From:
Previous Employer:	Employed From:
Spouse Employer:	Employed From:
Spouse Previous Employer:	Employed From:

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

Please attach documentation of any listed income such as W-2s, pay stubs, tax returns, forms approving or denying eligibility from Medicaid and/or state-funded medical assistance, forms approving or denying unemployment compensation or written statements from employers or welfare agencies.

Was Charity Care granted by the receiving medical facility? *Please circle.* **YES** **NO**

The above information is correct to the best of my knowledge. I authorize Pierce County Fire Protection District 13 to verify for the purpose of financial assistance eligibility determination.

Signature (Patient or Responsible Party):	Date:

ADMINISTRATIVE REVIEW	
Total Balance Billed:	Payments Made:
Current Account Balance:	Adjustments (By EMS):
New Balance:	
Signature (Pierce County Fire District #13):	Date: