Financial Assistance Information

The policy of the Tacoma Fire Department (TFD) is that the ability to pay is not a condition of or impediment to the provision of emergency medical services or transportation. All aspects of pre-hospital service will be provided to all patients without discrimination toward those with no or inadequate means to pay. Financial assistance is available to qualifying patients and will be a final option to all other financial resources available to the patient, including private or public insurance, government programs, or any other third-party coverage.

If you owe us for EMS services and need financial assistance, we offer:

- Installment Payment Plan: Minimum of $25 per month.
- Financial Assistance Discount: If you meet certain income limits, you may qualify for a partial or full discount of your invoice. We use the Tacoma Housing and Urban Development Income Limits to determine your eligibility and discount.

INCOME LIMIT CATEGORY	DISCOUNT	PATIENT RESPONSBILITY
Low	25%	75%
Very Low	50%	50%
Extremely Low	100%	0%

Current Tacoma Housing and Urban Development Income Limits, annualized.

HOUSEHOLD SIZE	LOW INCOME	VERY LOW INCOME	EXTREMELY LOW INCOME
1	$71,300	$44,600	$26,750
2	$81,500	$50,950	$30,600
3	$91,700	$57,300	$34,400
4	$101,850	$63,650	$38,200
5	$110,000	$68,750	$41,300
6	$118,150	$73,850	$44,360
7	$126,300	$78,950	$50,040
8	$134,450	$84,050	$55,720

Requests for financial assistance may be initiated by sources such as a physician, community or religious groups, social services, hospital personnel, the patient, guarantor, family member, or other representatives of the patient. TFD will use the application process through EMS Billing Services to determine initial qualification for financial assistance. TFD's decision to provide financial assistance has no bearing on the responsible party's financial obligations to other healthcare providers.

Documents submitted that demonstrate a grant of financial assistance from the receiving medical facility, for medical care on the date of transport, will be deemed evidence of qualification for financial assistance. Upon presentation of such documentation and an application through EMS Billing Services, TFD will grant proportionally equivalent financial assistance.

You will be notified of determination within 30 days of us receiving the completed application and all supporting documents. Financial assistance applications are available on-line at: https://www.tacoma.gov/government/city_departments/fire/divisions/emergency_medical_services.

If you have questions about the program, please contact us at 800 238-9398 or tacoma@emspatient.com Our office hours are Monday through Friday, 8:00AM to 6:00 PM, excluding holidays.

Financial Assistance Application

This application is to receive discounted costs for Emergency Medical Services received from the Tacoma Fire Department (TFD). All information you provide is used only for financial assistance consideration and will become part of your medical record with TFD. This application is covered by the HIPAA Privacy Policy of our organization. A copy of the Policy is available upon request. All four sections are required and must be completed.

Financial Assistance is based on terms outlined in Tacoma Fire Department's *Policy 1060 – Financial Assistance for EMS Patients*. A copy of the policy is available upon request. This form is available online at https://www.tacoma.gov/government/city_departments/fire/divisions/emergency_medical_services/. You will be notified of determination within 30 days of us receiving this completed form and all supporting documents.

If you need assistance completing this application, please contact us at 360 394-7010 or 800 238-9398 or tacoma@emspatient.com. Our office hours are Monday through Friday, 8:00 AM to 6:00 PM, excluding holidays.

SECTION 1 PATIENT INFORMATION

Full Name	**Account # (if known)**
Mailing Address	**Birthdate**
	Social Security Number (optional*)
Email Address (optional)	**Contact Phone Number**

* A Social Security Number is not required, however providing one will speed up the processing of your application.

SECTION 2 HOUSEHOLD FAMILY INFORMATION

Please provide information for all members of your household family. "Family" includes people related by birth, marriage, or adoption that reside together. All fields are required unless marked as 'optional'. Person #1 should be the patient/yourself.

Full Name	Birthdate	Relationship to Patient	Social Security Number (optional)	Employer(s) Name/ Source(s) of Income	Total Gross Monthly Income

If you have more than five family household members, please attach a separate sheet with the information above.

Please complete both pages of this form.

SECTION 3 INCOME INFORMATION

Please provide copies of all income sources you listed in SECTION 2 for all persons. If you have no proof of income, please provide a statement in the box below how you support your current expenses. **Failure to provide documentation of your income sources will result in a declined application.**

Sources of income include, but not limited to:

- Wages (employer or self-employed)
- Unemployment benefits
- Worker's compensation
- Social Security (including SSI, SSDI)
- Child/Spousal support
- Pension benefits
- Rental/Investment income

Examples of proof of income include your most current:

- W-2 withholding statement
- Pay stubs (2 months)
- Income tax return
- Written statements from employer(s)
- Social Security benefit statement
- Approval/denial of eligibility for unemployment compensation

SECTION 4 TERMS & CONDITIONS

By submitting this application, I understand and agree:

1. I may be requested to provide additional documentation to complete the application process.
2. Submitting this application does not guarantee eligibility or enrollment in the program.
3. Approved financial assistance is valid for a period of two years from the date of approval and I will re-certify if financial assistance is needed after that time.
4. I will notify Tacoma Fire Department regarding any household changes including change of address, increase or decrease in the number of occupants, and/or changes in income.
5. Any violations of Tacoma Fire Department policies or the City of Tacoma Municipal Code may make my household ineligible for this financial assistance program.
6. If I do not complete Sections 1-4 of this application and provide all required and requested documents, my application will not be processed.

By signing your name below, you certify you have read and agree to the Terms & Conditions above and you certify your application is complete and accurate to the best of your knowledge.

_____ _____

Signature of Person Applying **Date**

FOR ADMINISTRATIVE USE ONLY			
Approved ☐	**Denied** ☐	**Signature**	**Date**