



CITY OF WHITEFISH FIRE DEPARTMENT

ALSO SERVICE THE WHITEFISH FIRE SERVICE AREA

275 Flathead Avenue | PO Box 158 | Whitefish, MT 59937

Tel: (406) 863-2483 | Fax: (406) 863-2499

Individual Written Notice of Financial Assistance

It is the policy of the City of Whitefish that no person will be denied needed emergency medical care because of an inability to pay for such services.

The City of Whitefish 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.

If you think you may be eligible for Financial Assistance, please complete and sign the application **on the reverse side of this page** and complete the packet by providing all of the following supporting documents:

1. Copies of pay stubs for the last 3 months from your last place of employment.
2. Verification of your current employment/unemployment status.
3. A copy of your tax returns (or W-2 forms, at least) for the previous year. Returns or W-2 forms for the previous 2 years are preferred.
4. Disclosure of available credit on all credit cards.
5. Denial from your county assistance program.

Please mail your Financial Application and **all** supporting documents to:

City of Whitefish
c/o Systems Design
PO Box 3510
Silverdale, WA 98383-3510

You will be notified of any reduction in your bill once the City of Whitefish has reviewed your completed application packet.

**THIS SECTION TO BE COMPLETED BY
BILLING AGENCY/ City of Whitefish**

FINANCIAL ASSISTANCE APPLICATION

Patient Name:	Incident Date:
Two signatures required:	
1)	2)
Comments	

City of Whitefish
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:

MISCELLANEOUS INCOME PER MONTH

INCOME SOURCE **[Please see Notes below on documentation]	AMOUNT (Per Month)	COMMENTS
Public Assistance (<i>Per Month</i>)	\$	
Social Security Income (<i>Per Month</i>)	\$	
Unemployment Compensation (<i>Per Month</i>)	\$	
Worker's Compensation (<i>Per Month</i>)	\$	
Alimony / Child Support	\$	
Pension, Retirement Income	\$	
Dividends, Interest	\$	
Savings/Checking	\$	
Other Income (<i>Please Explain</i>)	\$	

OTHER PERTINENT INFORMATION

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

****Note** 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 City of Whitefish or its agents.

Signature

Date

Current Account Balance	Adjustment (by City)	New Balance

Signature (City)

Date