



WEST THURSTON REGIONAL FIRE AUTHORITY

10828 Littlerock RD SW, Olympia WA 98512
(360) 352-1614 • Fax: (360) 352-1696 • www.westthurstonfire.org

Request for Waiver Authorization

It is the policy of West Thurston Regional Fire Authority (WTRFA) that no person will be denied needed emergency services because of an inability to pay for such services (Policy 1.1004). WTRFA 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 wish to apply for a waiver of charges related to emergency services provided by WTRFA, complete the application below and return to the address noted above.

When signed by authorizing personnel, this document will serve as authorization for the service billing vendor, acting as representative for West Thurston Regional Fire Authority, to waive the amount designated for service indicated below.

Patient Name: _____

Date of Service: _____

Service Provided:

- Transport to _____
- Emergency Incident response to out-of-district party

Requested Waiver:

- Bill insurance / waive copay
- Waive full balance - \$ _____
- Waive this amount - \$ _____

➡ **Continued on reverse side**

Reason for Waiver:

- ❑ Financial Hardship (explain):

- ❑ Other (explain):

The above information is correct to the best of my knowledge. I authorize West Thurston Regional Fire Authority to verify for the purpose of financial assistance eligibility determination, if necessary.

Signature (Patient or Responsible Party)

Date

WTRFA Use only:

Authorizing Signature: _____ **Date:** _____

Date notification sent to service billing vendor: _____