

ALBANY FIRE DEPARTMENT

**FINANCIAL ASSISTANCE PROGRAM FOR AMBULANCE SERVICES
PATIENT APPLICATION**

Instructions to Patient

Please complete this form in its entirety and return it with all requested attachments to:

Albany Fire Department Ambulance
P.O. Box 490
333 Broadalbin Street SW
Albany, Oregon 97321

Patient Name: _____

Address: _____

City/State/Zip: _____

Responsible Party (if different than patient): _____

Address of Responsible Party: _____

City/State/Zip of Responsible Party: _____

I am applying for Financial Assistance in order that you will consider waiving my co-pay/co-insurance/deductible (or total charges if uninsured) for service and care provided to me on _____
_____ (date of service).

I am supplying the following information so that you can make an accurate determination of my case. The monthly dollar amount provided is from all sources including Social Security benefits, pensions, annuities, dividends, etc. Attached you will find verification of my employment/unemployment status and copies of my federal tax returns or W-2 forms for the previous two years.

Insurance Information

Insurer Name: _____

Insurance Policy/ID Numbers: _____

Monthly Income

	<u>Self</u>	<u>Spouse</u>	
Wage/salary	\$ _____	\$ _____	
Social security	\$ _____	\$ _____	
Pension	\$ _____	\$ _____	
Interest income	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Totals	\$ _____	+ \$ _____	= \$ _____

Number of dependents living in your household (list ages): _____

Statement of Agreement

“I am supplying this information to request that Albany Fire Department Ambulance evaluate my ability to pay for services rendered. The above information is true to the best of my knowledge. I understand that a copy of my credit report may be requested. I also understand that Albany Fire Department Ambulance can and will begin to attempt to collect charges should my financial situation improve. I agree to be responsible for any balance remaining after the application of any waiver by Albany Fire Department Ambulance.”

Patient Signature: _____

Date: _____

Spouse Signature: _____

Date: _____