



City of Everett Fire Department

PO Box 3510 – Silverdale, WA 98383

Phn: 800-238-9398 Fax: 360-697-1659

Individual Written Notice of Financial Assistance

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

City of Everett Fire Department 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.

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:

City of Everett Fire Department
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.

Patient's Name	
Date of Service	
Transported to	

Responsible Party		Contact Phone:
Name		Mailing Address:
Relationship		
Current Employer		
Employed From		
Previous Employer		
Spouse Employer		
Employed From		
Previous Employer		

Income	Family Member 1	Family Member 2	Family Member 3	Family Member 4
Name				
Relationship				
Wages				
Self Employment				
Public Assistance				
Social Security				
Unemployment				
Worker's Comp.				
Alimony				
Child Support				
Pension/Retirement				
Dividend Income				
Rental Prop. Income				
Other Income (detail)				
Total Income				

Use this space to explain any additional information which may impact our decision.

The above information is correct to the best of my knowledge. I authorize the City of Everett Fire Department to verify for the purpose of financial assistance eligibility determination.

Signature (Patient or Responsible Party) Date Family Size

Current account balance	Adjustment (by Fire Dept.)	New Balance

Signature (Fire Department) Date