



KLICKITAT COUNTY EMS No 1

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

INDIVIDUAL WRITTEN NOTICE OF FINANCIAL ASSISTANCE

It is the policy of Klickitat County EMS No 1 that no person will be denied needed emergency medical care because of an inability to pay for such services.

Klickitat County EMS No 1 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. *Please note that consideration for financial assistance is extended only to residents of Klickitat County, with the exception of residents of Alderdale and Bickleton (Klickitat County Fire Districts 2 and 10).*

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 and grant of "hospital financial assistance," and send to:

Klickitat County EMS No 1
c/o Systems Design
PO Box 3510
Silverdale, WA 98383-3510

You will be notified of any reduction in your bill when Klickitat County EMS No 1 has reviewed your application.

Patient's Name	Contact Phone
Patient ID	
Date of Service	
Transported to:	

Was financial assistance granted by the receiving medical facility? **Yes** **No**

Please attach documentation of financial assistance decision by the receiving medical facility.

Please also attach documentation of listed income such as W-2s, pay stubs, tax returns, forms approving or denying eligibility from Medicaid and/or state-funded medical assistance, forms approving or denying unemployment compensation or written statements from employers or welfare agencies.

Responsible Party	
Name	
Relationship	
Current Employer	
Employment Date	
Previous Employer	
Spouse Employer	
Employment Date	
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				

The above information is correct to the best of my knowledge. I authorize Klickitat County EMS No 1 to verify for the purpose of financial assistance eligibility determination.

Signature (Patient or Responsible Party)

Date

Current account balance	Adjustment (by EMS District)	New Balance

Signature (EMS District)

Date