



CANBY FIRE DISTRICT 62

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

INDIVIDUAL WRITTEN NOTICE OF FINANCIAL ASSISTANCE

It is the policy of Canby Fire District 62 that no person will be denied needed emergency medical care. Ambulance transport is a vital service to Canby citizens and the transport fee charged is required to maintain this ambulance service that provides lifesaving treatment and ambulance transport 24 hours a day. To ensure the continuation of these services, the Fire District must collect the required operating expenses allowed within the law.

Occasionally there will be a patient with catastrophic financial circumstances, where an ambulance payment may make their situation worse. For this reason, the Fire District, may forgive some ambulance transport debt on a case by case basis.

To be eligible to receive a 20% discount of your total amount owed and be placed on a monthly payment plan, the patient must be a resident of the District. Each monthly payment will be on time or the full original balance will be due immediately. Any amount of debt forgiveness will be at the sole discretion of the Fire District and all decisions are considered final. If patient is a Fire Med member at time of ambulance transport the amount due will be forgiven within the Fire Med membership criteria.

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:

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PO Box 3510
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You will be notified of any reduction in your bill when Canby Fire District 62 has reviewed your application.

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

Was charity care granted by the receiving medical facility? Yes No

Please attach documentation of charity-care decision by the receiving medical facility.

OR

Please 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 Canby Fire District 62 to verify for the purpose of financial assistance eligibility determination.

Signature (Patient or Responsible Party)

Date

Current account balance	Adjustment (by Fire District)	New Balance

Signature (Fire District)

Date