

Individual Written Notice of 2024 Ambulance Transport Financial Assistance Program

It is the policy of East Pierce Fire & Rescue that no person will be denied emergency medical care and transport because of an inability to pay for such services.

East Pierce Fire & Rescue will provide needed emergency services without charge or at a reduced charge, and without discrimination, to those persons with inadequate or no 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 the following levels:

Family Size	Federal Poverty Guidelines (Yr Income)	No Charge (150% or Less)	Charges Reduced By 75% (>150% to 200%)	Charges Reduced By 50% (>200% to 250%)	Charges Reduced By 25% (>250% to 300%)	No Reduction in Charges (Greater than 300%)
Family Income Level:						
1	\$15,060	\$22,590 or less	\$22,591 - \$30,120	\$30,121 - \$37,650	\$37,651 - \$45,180	\$45,181 or higher
2	\$20,440	\$30,660 or less	\$30,661 - \$40,880	\$40,881 - \$51,100	\$51,101 - \$61,320	\$61,321 or higher
3	\$25,820	\$38,730 or less	\$38,731 - \$51,640	\$51,641 - \$64,550	\$64,551 - \$77,460	\$77,461 or higher
4	\$31,200	\$46,800 or less	\$46,801 - \$62,400	\$62,401 - \$78,000	\$78,001 - \$93,600	\$93,601 or higher
5	\$36,580	\$54,870 or less	\$54,871 - \$73,160	\$73,161 - \$91,450	\$91,451 - \$109,740	\$109,741 or higher
6	\$41,960	\$62,940 or less	\$62,941 - \$83,920	\$83,921 - \$104,900	\$104,901 - \$125,880	\$125,881 or higher
7	\$47,340	\$71,010 or less	\$71,011 - \$94,680	\$94,681 - \$118,350	\$118,351 - \$142,020	\$142,021 or higher
8	\$52,720	\$79,080 or less	\$79,081 - \$105,440	\$105,441 - \$131,800	\$131,801 - \$158,160	\$158,161 or higher
For each additional family member, add \$5,380						

2024 HHS Poverty Guidelines from Federal Register,
Vol. 89, No.11, Jan. 17, 2024, pp.2961-2963

Schedule effective for service between: 1/01/24-12/31/2024

If you think you may be eligible for our Financial Assistance Program, please complete the application for Financial Assistance for Ambulance Transport and send it to our billing agency:

**Systems Design West
Attn: East Pierce Fire & Rescue Billing
P.O. Box 3510
Silverdale, WA 98383**

If you need financial assistance, and your family income level exceeds the amount listed, or you have other questions about this program, please contact Asst. Chief Jeff Moore, East Pierce Fire & Rescue, at 253-447-3504

COMPLETION BY BILLING AGENCY	
Patient Name:	Age:
Medical Incident No.	Date:
Account No.	

FINANCIAL ASSISTANCE APPLICATION

East Pierce Fire & Rescue

c/o Systems Design West Billing Services
P.O. Box 3510, Silverdale, WA 98383
Phone: (360) 394-7010 or (800) 238-9398
Fax: (360) 697-1659

RESPONSIBLE PARTY		
Name:	Marital Status [] Single [] Married [] Widowed [] Divorced	Social Security Number
Street Address	City, State, Zip Code	How long at this address?
Employer's Name (if employed, how long?)	Employer Address	Business Phone No.
Position / Title	Monthly Income—Gross	Monthly Income--Net
SPOUSE		
Name:		Social Security Number
Street Address	City, State, Zip Code	How long at this address?
Employer's Name (if employed, how long?)	Employer Address	Business Phone No.
Position / Title	Monthly Income—Gross	Monthly Income--Net
MISCELLANEOUS INCOME PER MONTH		
INCOME SOURCE **[Please see Notes below on documentation]	AMOUNT (per month)	COMMENTS
Public Assistance (Per Month)	\$	
Social Security Income (Per Month)	\$	
Unemployment Compensation (Per Month)	\$	
Worker's Compensation (Per Month)	\$	
Alimony / Child Support	\$	
Pension, Retirement income	\$	
Dividends, Interest	\$	
Savings/Checking	\$	
Other Income (Please Explain)	\$	
OTHER PERTINENT INFORMATION		
NUMBER OF DEPENDENTS: _____ List any other information that you feel may influence a decision regarding your account:		
**Note the source of your income listed and what type of documentation you are providing. Examples of documentation you may use to support your income amounts recorded above would be: current paycheck stubs, income tax return, W-2s, letter from employer, award letter from DSHS, VA or Social Security benefit determination letter, worker's compensation award notice, verification of child support through copy of decree, or actual check from supporting parent.		In completing this financial statement, I hereby affirm that the above statements are correct and complete, and I give my consent to further verification by East Pierce Fire and Rescue or its agents.
		Signature _____ Date _____



"WHERE COMPASSION AND ACTION MEET."

PIERCE COUNTY FIRE DISTRICT 22

CHIEF JON PARKINSON
18421 VETERANS MEMORIAL DRIVE E
BONNEY LAKE, WA 98391

WWW.EASTPIERCFIRE.ORG

PHONE: 253-863-1800
FAX: 253-863-1848

Dear Patient / Responsible Party:

As an applicant for the Financial Assistance Program for East Pierce Fire & Rescue ambulance transport, you are requested to submit evidence of your family size and total (gross) family income. In order for us to determine your eligibility for the program, this documentation needs to accompany your completed application. A list of the documents that are acceptable is provided at the bottom of the Financial Assistance Application worksheet.

Please complete and return the Financial Assistance Application and the requested documentation to our ambulance billing service, Systems Design West within 21 days for review. East Pierce Fire & Rescue staff reviews all requests for financial assistance. If you have any special hardships or unusual circumstances that you feel add to your need, please provide an explanation detailing your situation. This information will help provide the department with a clearer, more complete picture of your financial situation.

If your application is not returned within 21 days of your receipt of it, your request for financial assistance may be denied.

Until your application is processed and you are notified by mail of an approval or denial, any balance on your account is still your responsibility.

If you have any questions about what documents to provide or how to fill out the application, please contact Systems Design West at 1-800-238-9398 or (360) 394-7010.

East Pierce Fire & Rescue, providing service throughout the Bonney Lake, Sumner, Edgewood, Milton, Lake Tapps, Prairie Ridge, South Prairie, Wilkeson and foothill communities, remains committed to providing our patients with excellent customer service. If you have any other questions about the Financial Assistance Program, please contact Ms. Tricia Brown, EMS Division, Administrative Support, or Asst. Chief Jeff Moore, Medical Services Chief, at 253-447-3504.

Sincerely,

Jeff Moore
Assistant Chief, Medical Services
East Pierce Fire & Rescue