



ANNE ARUNDEL COUNTY FIRE DEPARTMENT
EMS TRANSPORT FEE FOR SERVICE PROGRAM

REQUEST FOR TRANSPORT FEE HARDSHIP WAIVER

A NEW HARDSHIP APPLICATION MUST BE SUBMITTED FOR EACH EMS TRANSPORT

Transported Patient Name: _____ Date of Birth ___/___/___

Home Address: _____

Applicant Phone: _____ Alternate Phone: _____

Monthly Household Gross Income: _____ Number of Dependents living in Household: _____

List of attached documentation:

W-2 withholding statements or unemployment check stubs for the past 90 days

Pay check stubs for the past 90 days for all persons employed in the home

Income tax return (most recent signed 1040 and/or W-2)

Application forms from Medicaid or other State-funded medical assistance program

Forms from employers or welfare agencies

Other (list): _____

Responsible Party (if different from applicant)

Name: _____ Relationship to Patient: _____

Address (if different from applicant): _____

I do hereby request that I, as applicant or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. By signing this form I certify that I have no insurance that can be billed for this charge. I declare that all of the information contained in this document and the attachments are true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify the Anne Arundel County Fire Department of any change in the financial status of the applicant or the responsible party that may effect the ability to pay this EMS transport fee.

Signature

Date

Printed Name

For questions regarding the hardship waiver process, call 410-222-8467 or via e-mail to fdemsbilling@aacounty.org

Mail completed applications and supporting documents to:

Anne Arundel County Fire Department

Attn: EMS Billing Manager

8501 Veterans Highway, Millersville, MD 21108

Administrative Use Only

Incident # _____

Invoice # _____

Date of Service: _____

Date Received: _____

Waiver Disposition (circle) Approved Denied

Reason: _____

Approval Signature _____

Vendor Notified: _____