



Request for EMS Transport Fee Waiver



CHRISTIANSBURG RESCUE SQUAD EMS TRANSPORT BILLING PROGRAM

THIS FORM MUST BE SUBMITTED FOR EACH EMS TRANSPORT INCIDENT BILLED

PATIENT NAME: _____

ADDRESS: _____

DATE OF SERVICE _____ **INVOICE #** _____

RESPONSIBLE PARTY

NAME IF NOT THE

PATIENT: _____

YEARLY HOUSEHOLD (ADJUSTED) GROSS INCOME: \$ _____

NUMBER OF DEPENDENTS: _____

***PLEASE INCLUDE A COPY OF YOUR MOST RECENT FEDERAL OR STATE INCOME TAX RETURN.**
IF A COPY IS ALREADY ON FILE IT MUST BE LESS THAN ONE YEAR OLD.

EMS transport fee may be waived if the adjusted gross income (as established by your Federal Income Tax Return or similar document) is less than the two hundred percent (200%) of the published Federal Poverty rate as established by the United States Department of Health and Human Services. SEE REVERSE ADJUSTED GROSS INCOME LIMITATIONS.

I am applying to Christiansburg Rescue Squad to request a waiver of payment for my EMS transport fee. I certify that I have no insurance that can be billed for this charge, that the above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein.

Signature / Date

If you have any questions, please call (540) 382-9518 x4008. Please mail completed form and applicable documents to:

**CHRISTIANSBURG RESCUE SQUAD
100 E MAIN ST
CHRISTIANSBURG, VA 24073**

ADMINISTRATIVE USE ONLY

Annual Gross Income based on information provided: \$ _____

EMS-MC Invoice#: _____

Approved

Claim Denied Due to _____

Date EMS-MC notified: _____

Approval/Signature/Date _____

Persons in Family or Household	Poverty Guideline for VA	200% of Poverty Guideline for VA
1	\$11,490	\$22,980
2	\$15,510	\$31,020
3	\$19,530	\$39,060
4	\$23,550	\$47,100
5	\$27,570	\$55,140
6	\$31,590	\$63,180
7	\$35,610	\$71,220
8	\$39,630	\$79,260