PRO EMS SOLUTIONS

AMBULANCE TRANSPORT FEE FINANCIAL HARDSHIP
WAIVER FORM

PATIENT NAME		**DATE OF TRANSPORT**		**RUN #**	
RESPONSIBLE PARTY NAME		**RESPONSIBLE PARTY RELATIONSHIP**			
RESPONSIBLE PARTY ADDRESS	**STREET ADDRESS**				
	CITY		**STATE**	**ZIP**	
HOUSEHOLD INCOME (MONTHLY)		**NUMBER OF PERSONS LIVING IN HOUSEHOLD**			

Patients attesting to any of the following circumstances will be presumptively eligible for elimination of any balance due. Select all that apply:

- ☐ Patients who have an exemption of property tax
- ☐ Patients who are covered by Health Safety Net (Free Care)
- ☐ Patients enrolled in State-funded prescription programs
- ☐ Patients who are homeless or received care from a homeless clinic
- ☐ Patients who participate in Women, Infants & Children programs ("WIC")
- ☐ Patients who are eligible for Food stamps
- ☐ Patients who are eligible for Subsidized school lunch programs
- ☐ Patients who are eligible for other state or local assistance programs that are unfunded
- ☐ Patients who provide a valid address that is low income/subsidized housing
- ☐ Patients who are deceased with no known estate
- ☐ Patients enrolled in limited-service Medicaid programs
- ☐ Patients with non-participating out-of-state Medicaid insurance plans
- ☐ None of these apply

Patients who do not fall within any of the above parameters may submit a written narrative of their financial hardship. Please use this space or attach a letter.

I do hereby request that I, as either the patient, or the party who is financially responsible for the patient, 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 and cannot pay due to financial hardship. I declare that all of the information contained in this document is true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request.

RESPONSIBLE PARTY **SIGNATURE**		**DATE**	
RESPONSIBLE PARTY **PRINTED NAME**			

For questions regarding the hardship waiver process, please call **(617) 492-8484** ***or*** via e-mail to: **billing@proems.com**

To submit this this application and all attachments:	
By Mail	By Fax
Pro EMS Solutions 31 Smith Place Cambridge, MA 02138	Fax to 617.492.1213