

**BIG SKY FIRE DEPARTMENT
AMBULANCE BILLING HARDSHIP APPLICATION FORM**

This hardship application must be submitted for each ambulance transport fee modification request.

Applicant Name _____

SSN _____

Applicant Address _____

Contact Phone Number _____ Date of EMS Transport _____

I am requesting:

_____ My ambulance fee be waived

_____ My ambulance fee be reduced

_____ Establishment of a payment plan that better suits my ability to pay

Monthly Household Gross Income: _____ Number of dependents living in household: _____

Attached documentation (a minimum of two forms of the following documentation is required):

_____ Most recent W-2 withholding statement

_____ Unemployment check stubs for past 90 days

_____ Paycheck stubs for the past 90 days for all persons employed in the home

_____ Income tax return (most recent signed)

_____ Any other information you wish to provide that will help in our decision making process

Responsible Party (if different from applicant)

Name: _____ Relationship: _____

Address (if different from applicant): _____

Contact Phone Number _____

In your own words explain why you are requesting a Hardship Waiver:

Attach additional sheets/information if necessary.

I do hereby request that I, as either the 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. Furthermore, I understand that I may be held liable for any false statements pertaining to this waiver request.

I hereby agree to notify the Big Sky Fire Department of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the Ambulance Transport Fee(s).

Signature: _____ Date: _____

Printed Name:_____

For questions regarding the hardship waiver process call 406-995-2100

or via e-mail to afischer@bigskyfire.org

Hand-deliver or mail this application and all attachments to:

Big Sky Fire Department

PO Box 160382

650 Rainbow Trout Run

Big Sky, Montana 59716-0382

Big Sky Fire Department Administrative Use Only

Incident #: _____ Date of transport: _____

Date request received: _____

Claim: (circle) Approved Denied

Reason:_____

Date Billing Company Notified:_____ Fire Chief Approval Signature:_____