

MOORESTOWN FIRST AID AND EMERGENCY SQUAD INC.

FINANCIAL HARDSHIP DETERMINATION POLICY

Purpose

To develop guidelines to objectively evaluate the financial ability of patients to make payments for their emergency medical services.

Scope

This policy applies to those who are transported by the Moorestown First Aid and Emergency Squad who are unable to pay for their medical transportation costs for financial hardship reasons. A transported individual must not have been injured while involved in the commission of criminal activity. Each transported individual may request one (1) hardship modification per consecutive twelve (12) month period.

Overview

Moorestown First Aid and Emergency Squad provides emergency services to patients without regard to their ability to pay. We recognize that a patient's illness can create large medical bills that inhibit the patient's ability to make payment. Our billing procedures allow for billing of all possible insurance carriers to maximize recovery from these sources. A follow-up should be performed, which includes statements and phone calls to the patient to keep him or her informed as to the progress of payment for the emergency medical service rendered.

When a patient has Medicare, he or she is required to pay the deductible and co-payment. However, Medicare will allow the balance due by the patient to be written off if the patient is unable to pay due to financial or income restrictions. Indigent patients may be determined to be financially unable to pay their portions of the bill in advance. Hardship declaration is the exception, not the rule.

A patient with no insurance, or an unpaid balance after insurance options have been exhausted can seek eligibility for discounts under this policy. If a patient does not meet eligibility requirements, and they refuse to render payment, they will be turned over to a collection agency.

Procedures

Before any discounts for services are granted, the first option is to attempt to arrange for the patient to make regular monthly payments in a dollar amount that is financially convenient and affordable. Should this attempt fail, the following guidelines will be used:

- Option 1: Ensure that insurance benefits have been maximized,
- Option 2: Payment plan - offer again,
- Option 3: Provide 25% discount and payment plan (immediate payment is preferred),
- Option 4: Financial Hardship consideration - guidelines listed below
- Option 5: Collection Agency

**MOORESTOWN FIRST AID AND EMERGENCY SQUAD INC.
FINANCIAL HARDSHIP DETERMINATION POLICY APPLICATION**

THIS HARDSHIP APPLICATION MUST BE SUBMITTED FOR EACH EMS TRANSPORT
FEE ADJUSTMENT REQUEST

Applicant Name: _____

Date of Birth: _____ Date of EMS Transport: _____

Applicant Address: _____

Responsible Party (if different from applicant): _____

Relationship of Responsible Party: _____

Address of Responsible Party (if different): _____

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: _____ # of Dependents Living in Household: _____

Attached Documentation:

- _____ W-2 withholding statements or 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

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 Moorestown First Aid & Emergency Squad, Inc. of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the EMS Transport Fee.

Signature: _____ Date: _____

Printed Name: _____

MAIL APPLICATIONS AND DOCUMENTS TO:

AIM Billing
Attn: Moorestown First Aid & Emergency Squad
892 New Castle Road
Slippery Rock, PA 16057