

## Financial Assistance Application

### Purpose:

McGregor Memorial EMS provides emergency care regardless of a patient's ability to pay. McGregor has established a fee waiver policy in order to provide consistency when assisting patients who request a reduction or fee waiver. McGregor takes into account a patient's income, access to assets, and overall circumstances when assessing the need for a financial hardship.

To apply for a fee waiver please complete this form in its entirety. This allows us to determine the best way to assist you with this bill. Forms can be returned via mail to:

Attn: Billing Coordinator  
McGregor Memorial EMS  
47 College Road  
Durham, NH 03824

### Patient Information

Patient Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Run # (if known): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Are you a (check all that apply):

Durham Resident       Lee Resident       Madbury Resident       Visitor

Student (list school name): \_\_\_\_\_ Full time? \_\_\_\_\_

### Person Completing Application (if different from patient)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Insurance Information

Do you have additional insurance coverage that we can bill for the balance due? If so, please provide the information below so we can submit a claim on your behalf. **If you have no insurance, please write "Not Applicable" below.**

Insurance Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Payment Plan

Can you manage a payment plan?  No  Yes. If yes, how much can you afford monthly: \_\_\_\_\_

*(Continued on next page)*

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### Financial Information

If payment of the balance due will create a financial hardship, please answer the following questions.

Number of family members living in household: \_\_\_\_\_ Annual household income \$: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Monthly Expenses: \_\_\_\_\_

### Other Circumstances

If you have other outstanding circumstances that indicate financial hardship please indicate this below. These can be situations such as:

- Excessive medical or other debts** (include copies of bills, statements, late notices, etc.)
- Bankruptcy** (include bankruptcy settlement)
- Unemployment** (please provide circumstances and length of unemployment)
- Catastrophic situations** such as death or disability in family, divorce or other circumstances. (Please provide documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.)
- Other situations** any other situation which you feel should be considered. (If possible, please provide documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.)

### Other Information

Provide any additional information that you feel is relevant below. Please attach additional sheets if needed.

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### Signature

I verify that the information provided is accurate and correct. I authorize McGregor EMS to verify any information contained within this document for the sole purpose of assessing financial need. I understand that written verification, when available, may be required to substantiate and verify information contained in the financial hardship application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_