

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.

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): _____