

**CITY OF EL PASO FIRE DEPARTMENT FMS TRANSPORT
FINANCIAL ASSISTANCE APPLICATION**

(Note: An Assistance application form must be submitted for each individual transport request)

Applicant Name: _____

SSN: _____

Applicant Address: _____

Contact Number: _____

Date of EMS Transport: _____

Service Requested:

- 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: _____

In order for your application to be considered for approval, one or more of the below documents must be submitted with your application:

- 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 described in the Financial Assistance program rules.

Responsible Party (if different from applicant):

Name: _____ Relationship: _____

Address (if different from above applicant): _____

Contact Number: _____

Administrative Use Only

Incident #: _____ Invoice Number: _____

Date of transport: _____

Date request received: _____

Claim: (circle) Approved Denied

Percentage of discount: _____

Reason: _____

Date Billing Company Notified: _____

Finance Administrator Approval Signature: _____ Date: _____

Fire Chief Approval Signature: _____ Date: _____