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:

onsidered for a reduction in the pay is form, I certify that I am uni- narge. I declare that all of the in- ecurate. Furthermore, I understant covided, pertaining to this waiv	e applicant, or the party who is financially responsible for the applicant, yment responsibilities related to this EMS transport service fee. By signinsured and currently have no insurance which can be billed for the information contained herein, along with all attachments, is true attand that I will be liable for any false statements and/or information request. I hereby agree to notify the City of El Paso, Texas, by a t, of any change to the financial status of the applicant, or responsible party the EMS Transport Fee.
gnature:	Date:

Applications with all attachments mailed to:
El Paso Fire Dept.
Attn: Finance Manager
416 N. Stanton Ste. 200
El Paso, TX 79901
Customer Service 1-888-987-1477

Administrative Use Only					
Incident #:	_Invoice Number:				
Date of transport:	_				
Date request received:	<u> </u>				
Claim: (circle) Approved Denied					
Percentage of discount:					
Reason:					
Date Billing Company Notified:					
Finance Administrator Approval Signature:		Date:			
Fire Chief Approval Signature:		Date:			