

Orchard Park Fire District EMS, Inc.

Financial Hardship Policy

Purpose:

Orchard Park Fire District EMS, Inc. hereinafter referred to as OPFDEMS, Inc. has established this policy in an order to maintain consistency in assisting uninsured and indigent patients who request a reduction or waiver of certain ambulance charges.

This policy outlines OPFDEMS, INC.'s policies and procedures in relationship to the application and approval process for uninsured and indigent patients. Professional Ambulance Billing LLC hereinafter referred to as PAB will manage all requests for financial hardship for OPFDEMS, INC. PAB will take into account the overall financial circumstances of the applicant and apply this policy consistently.

If approved, PAB may elect to reduce or waive certain amounts which are due from non-subscribers who can successfully demonstrate that paying ambulance fees would cause significant financial hardship.

Financial Hardship Criteria:

PAB will take into account a range of factors when deciding whether the full payment of the ambulance charges will cause the applicant financial hardship. In making the decision whether to waive the fee, PAB will compare the amount earned, living expenses, assets and debts. Written verification, when available, may be required to substantiate and verify information contained in the financial hardship application.

PAB uses a combination of the current year's federal poverty guidelines to help in determining if an applicant qualifies for a financial hardship waiver.

In applying these guidelines, PAB will also consider and take into account any other income and expenses including money earned in the entire household. Income and employment status verification may be required; including tax returns; check stubs, etc.

1. Whether payment of the ambulance charges will affect the applicant's ability to pay for the following living expenses:
 - food and clothes;
 - rent or mortgage payments;
 - any other basic needs; or
 - any special needs (for a serious illness or disability)
2. Whether the applicant owns any assets, such as a car or house. Assets also include:
 - investments;
 - money in the bank;
 - cash on hand for short term expenses; and
 - money designated for special needs.
3. Whether the applicant has any debts.

Orchard Park Fire District EMS, Inc.

Application Process for Financial Hardship

An application for a financial hardship waiver of ambulance charges and fees must be made in accordance with **Orchard Park Fire District EMS, Inc.**, hereinafter referred to as ("**OPFDEMS, INC.**"), policy entitled "**Financial Hardship**".

Applicants can request and complete a **Financial Hardship Application Form**. The form can be obtained online at www.OPFDEMS.org, by calling (716)204-3350 or by visiting the OPFDEMS, INC. Business office at 3920 Taylor Rd Orchard Park, NY 14127, or PAB Offices at 5530 Sheridan Drive Suite 3B Williamsville, NY 14221 during normal business hours. Forms can also be requested, through submission of a written request, to the above listed addresses for the PAB or OPFDEMS, INC. Business Offices.

If applying in person, please be prepared to offer written verification of the necessary information about your financial circumstances. If you have difficulty performing any of these tasks, please contact OPFDEMS, INC. at (716) 662-2619. Applicants are required to return the completed forms and submit all required documentation to PAB.

Required Information:

PAB requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by PAB administrative staff involved in processing requests for waiver of ambulance charges.

Time Frame:

After an application and verification information is received, PAB will consider the overall financial situation of the applicant and then render a decision. OPFDEMS, INC. has designated the authority to grant or reject requests for financial hardship waivers to the PAB Staff. All decisions will be made within 10 working days from the time that PAB receives and reviews all required information.

Applicants will receive a notification letter outlining whether or not the application has been approved or rejected. If your request for waiver of the charges is rejected, PAB will provide the applicant with a written summary and explanation of its decision.

PAB administrative staff will maintain all documentation related to the financial hardship waiver process. This documentation will include all supporting documentation including the waiver request and all documents provided in support of the request.

Verification of ongoing qualification for financial hardship will be conducted at any time the applicant requests a waiver of ambulance charges.

In applying these guidelines, PAB will also consider and take into account all other income and expenses; including money earned in the entire household. Income and employment status verification may be required; including tax returns; check stubs, etc.

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Application Process for Financial Hardship (con't)

Income shall be annualized from the date of request based on documentation provided, and upon verbal information provided by the patient or their designee. The annualization process will also take into consideration seasonal employment and temporary increases and/or decreases to income.

Any denial of “financial hardship” discount request will be written and will include instructions for reconsideration. If additional documentation of financial need is received to support charity care, the request will be reviewed and considered per the above guidelines.

PLEASE COMPLETE ATTACHED APPLICATION AND FINANCIAL STATEMENT.

YOUR REQUEST CAN NOT BE PROCESSED UNLESS THE APPLICATION AND FINANCIAL STATEMENT IS FULLY COMPLETED AND SIGNED!

Orchard Park Fire District EMS, Inc.

Financial Hardship Application

Please complete the application and attached financial statement. Please return all forms and required documentation (in person or by mail) to Orchard Park Fire District EMS, Inc. C/O Professional Ambulance Billing LLC 5530 Sheridan Drive Suite 3B Williamsville, NY 14221 (telephone 716-204-3350 or by fax to 716-247-5274)

All information relating to financial hardship requests will be kept confidential.

Patient Name: _____

Address 1: _____

Address 2: _____

Telephone #: _____

DOB: ____/____/____ SS #: _____

Date of Service: ____/____/____ Alternate Date of Service: ____/____/____

Name of Person completing this Application (if different than patient listed above)

_____ Telephone #: _____

Relationship to Patient: _____

NUMBER OF FAMILY MEMBERS (LIVING IN HOUSEHOLD): _____

PLEASE LIST ALL CURRENT EMPLOYERS:

Check Here if UNEMPLOYED. HOW LONG?: _____

Employer 1: _____

Address: _____

Contact Person: _____ Telephone: _____

Employer 1: _____

Address: _____

Contact Person: _____ Telephone: _____

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Financial Hardship Application - Attachment B

2016 HHS Poverty Guidelines

(48 Contiguous States and D.C.)

Number of Persons in Family or Household	48 Contiguous States and D.C.	200% Threshold Established by OPFDEMS, INC.
1	\$11,770	\$23,540
2	\$15,930	\$31,860
3	\$20,090	\$40,180
4	\$24,250	\$48,500
5	\$28,410	\$56,820
6	\$32,570	\$65,100
7	\$36,730	\$73,480
8	\$40,890	\$81,780
For each additional person, in families exceeding eight members, add >>>>>	\$4,160	\$8,320