

Orchard Park Fire district EMS, Inc.

Financial Hardship policy

Purpose:

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

If approved, OPFDEMS 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:

OPFDEMS 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, OPFDEMS 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.

OPFDEMS 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, OPFDEMS 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:
 - a. Food and clothing.
 - b. Rent or mortgage payments.
 - c. Any other basic needs; or
 - d. 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:
 - a. Investments.
 - b. Money in the bank.
 - c. Cash on hand for short term expenses; and
 - d. 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*"), 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) 946-0149 or by visiting the OPFDEMS, INC. Business office at 4222 S. Taylor Rd Orchard Park, NY 14127 during normal business hours. Forms can also be requested, through submission of a written request, to the above listed addresses for the 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) 946-0149. Applicants are required to return the completed forms and submit all required documentation to OPFDEMS.

Required Information:

OPFDEMS 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 OPFDEMS administrative staff involved in processing requests for waiver of ambulance charges.

Time Frame:

Individuals requesting assistance must submit all required documentation within 60 days of the initial bill.

After an application and verification information is received, OPFDEMS will consider the overall financial situation of the applicant and then render a decision. All decisions will be made within 10 working days from the time that OPFDEMS receives, and reviews all required information.

Applicants will receive a notification letter outlining whether the application has been approved or rejected. If your request for waiver of the charges is rejected, OPFDEMS will provide the applicant with a written summary and explanation of its decision.

OPFDEMS 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, OPFDEMS 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.

Orchard Park Fire District EMS, Inc.

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 COMPETED 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.; Attn: Jonathan Gill; 4222 S. Taylor Rd.; Orchard Park, NY 14127. (716) 946-0149

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: _____

Orchard Park Fire District EMS, Inc.

Financial Hardship Application (con't)

Please provide documentation of proof of income. Appropriate documentation of financial hardship would be one or more of the following:

- 1) Documented proof that patient is at or below 200% of the current federal poverty guidelines (see attachment A for current federal HHS guidelines). Documents may include but not limited to:

W-2 withholding statements or unemployment check stubs for the past 90 days

Pay check stubs for the past 90 days for all persons employed in the home

Income tax return (most recent signed 1040 and/or W-2)

Proof of all other income received in the past 90 days

Application Forms from Medicaid or other State-funded medical assistance program

- 2)

Proof of all outstanding debts or bills (copies of bills, statements; late notices, etc.)

Proof of bankruptcy settlement (if applicable)

Catastrophic situations (death or disability in family, divorce) **or other documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other**

- 3) Please describe patient indigent circumstances: _____

MONTHLY FAMILY INCOME & SOURCE			
	Patient	Spouse	Dependants
Monthly Salary (Gross)			
Public Assistance Benefits	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Social Security Benefits			
Workman's Compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____	\$ _____
TOTAL FAMILY INCOME	\$ _____		

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I

*AUTHORIZE **Orchard Park Fire District EMS, Inc.** TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT*

Signature of Person Making Request

____/____/____

Date

Printed Name of Person Making Request:

Orchard Park Fire District EMS, Inc.

Financial Hardship Application-Attachment B

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Number of persons in family or household	48 contiguous states and D.C.	200% Threshold established by OPFDEMS
1	15,060.00	33,885.00
2	20,440.00	45,990.00
3	25,820.00	58,095.00
4	31,200.00	70,200.00
5	36,580.00	82,305.00
6	41,960.00	94,410.00
7	47,340.00	106,515.00
8	52,720.00	118,620.00