



Clarke County Fire and EMS

FINANCIAL HARDSHIP WAIVER FORM

Applicant Name : _____ Date of Birth: _____

Address : _____ Phone Number: (____) _____ - _____

Name of Responsible Party (If not the applicant): _____

Gross Monthly Household Income: \$_____ Household Size (# of People): _____

Account Number (Upper Right of Patient Statement): _____ Date of Service: _____

I HAVE ATTACHED THE FOLLOWING RECENT DOCUMENTATION TO CERTIFY THAT THE ABOVE-REFERENCED GROSS INCOME IS TRUE AND ACCURATE: (Please check all that apply)

- Paycheck Stub (dated within last 30 days)
- Primary Bank Statement (dated within last 30 days)
- Tax Forms (most recent year)
- Other (indicate documents attached) _____

I hereby request of Clarke County Fire and EMS that I, as the applicant or responsible party for the above-named applicant, be considered for a reduction in my payment responsibility. I certify that I have no insurance that may be billed for this charge or that I am unable to pay the remaining patient balance without creating a financial hardship. I certify that the above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein. I also agree to notify Clarke County Fire and EMS if my situation changes and the reduction is no longer necessary.

Patient/Responsible Party Signature

DATE

If you have any questions, please call (540) 955-5105. Please mail the completed form and applicable documentation **within 14 days** to: **Clarke County Fire and EMS**
101 Chalmers Court, Suite B
Berryville, VA. 22611

ADMINISTRATIVE USE ONLY

Annual Validated Gross Income \$ _____ Account #: _____

Approved Payment Responsibility % Revised Amount Due: \$ _____

Denied Reason Denied: _____

Billing Co Notified Date: _____

Approval Signature: _____ Date Approved: _____