

**REQUEST FOR EMS TRANSPORT FEE HARDSHIP APPLICATION/ WAIVER**

Patient Name:

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Service: Account # \_\_\_\_\_\_

Telephone: \_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Number of Family Members (Living in Household):

Employed: Y N Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self Employed: Y N

If unemployed, state how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retired: Y N

Spouse’s Employer:

Monthly Household Gross Income:

Attached Documentation:

* W-2 Withholding Statements or unemployment check stubs for the past 90 days
* Paycheck stubs for the past 90 days for all persons in the home that are currently employed
* Any and all applicable insurance information
* Social Security Statement if available
* Income Tax Return (most recent; signed)
* Any other information you wish to provide that will help in our decision making process (i.e., bankruptcy information, divorce decree, etc.)

Please attach a signed explanation as to why you are requesting a Hardship Waiver.

I request, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment as they relate to this EMS transport service fee. By signing this form I affirm that all the information contained in this document and the attachments are true and accurate. I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify Medicount Management, Inc. of any changes in the financial status of the applicant or the responsible party that may affect the ability to pay the EMS transport fee.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For questions regarding the hardship waiver process or the status of this request, contact us at: (513) 612-3389, or via email to: hardship@medicount.com

Mail this completed application and all attachments to:

Medicount Management, Inc.

10361 Spartan Drive

Cincinnati, OH 45215