



**EAST FORK FIRE
PROTECTION DISTRICT**
1694 County Road
Minden, Nevada 89423
(775) 782-9040

Financial Assistance Request Form

Patient Name: _____

Address: _____

City/State/Zip: _____

Responsible party (if different than patient) _____

Address: _____

City/State/Zip _____

Note: You must apply for Nevada Medicaid and provide proof of either approval or denial with your Financial Assistance Application in order to be considered for this program.

I am applying for a Financial Assistance Request in order that you will consider waiving my co-pay/co-insurance/deductible (or total charges if uninsured) for service and care provided to me. (Circle one.)

I am supplying the following information so that you can make an accurate determination of my case.
The monthly dollar amount provided is from all income sources including Social Security benefits, pensions, annuities, dividends, child support, alimony, or any other source of income.

Attached you will find:

- Verification of my employment/unemployment status
- Copies of my federal tax returns or W-2 forms for the previous 2 years
 - Bank statements for the previous 3 months
 - Pay stubs for the previous 3 months
 - Copies of all outstanding medical bills
 - Mortgage statement or rental agreement.

"SERVING THE FIRE AND LIFE SAFETY NEEDS OF OUR COMMUNITY"
Minden | Gardnerville | Genoa | Wellington



**EAST FORK FIRE
PROTECTION DISTRICT**
1694 County Road
Minden, Nevada 89423
(775) 782-9040

I request that East Fork Fire Protection District utilize the attached information to determine my eligibility for Financial Assistance. I understand that the information submitted is subject to verification, including credit verification and approval will be based upon that verification. I authorize East Fork Fire to obtain information from any source deemed necessary to determine an acceptable financial agreement. I understand that should my application for financial assistance be approved, the approval is valid for 6 months from the approval date and additional requests for financial assistance will require a new application. I further understand that should my application for financial assistance be approved, that \$7,500 is the maximum financial assistance that can be applied toward outstanding ambulance transport balances per household per year, providing they are deemed medically necessary by the East Fork Fire Protection District.

<u>Monthly Income</u>	<u>Self</u>	<u>Spouse</u>
Wage/salary	\$_____	\$_____
Social security	\$_____	\$_____
Pension	\$_____	\$_____
Interest income	\$_____	\$_____
Other	\$_____	\$_____
Totals	\$_____ +	\$_____ = \$_____

Total size of household: _____

Patient signature: _____ Date: _____

"SERVING THE FIRE AND LIFE SAFETY NEEDS OF OUR COMMUNITY"
Minden | Gardnerville | Genoa | Wellington