

Highland County Volunteer Rescue Squad

PO Box 2828
Staunton, Virginia 24402

NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE

To meet the continuing needs of its service community, Highland County Volunteer Rescue Squad has formulated a financial assistance program to assist its patients in resolving accounts. This policy applies to all services normally covered by third party payers (insurances).

Eligibility for financial assistance is based on federal poverty guidelines.

<i>Federal Poverty Guidelines</i>		To be considered eligible for financial assistance for Highland County Volunteer Rescue Squad, your household income must be at or below the following levels:	
<u>Family Size</u>	<u>12-Month</u>	SLIDING SCALE FEE REDUCTION SCHEDULE	
<u>Size</u>	<u>Income</u>	FAMILY INCOME RELATIVE TO FEDERAL POVERTY GUIDELINES	REDUCTION OF FEES
1	\$11,670	• 0 to 150 percent of Federal Guidelines.....	100%
2	\$15,730	• 151 to 175 percent of Federal Guidelines.....	75%
3	\$19,790	• 176 to 200 percent of Federal Guidelines.....	50%
4	\$23,850	• 201 to 225 percent of Federal Guidelines.....	25%
5	\$27,910	• 226 to 250 percent of Federal Guidelines.....	10%
6	\$31,970	• Greater than 250 percent of Federal Guidelines	not eligible
7	\$36,030		
8	\$40,090		

More than 8, add \$4,060 for each additional member

Dependent upon the family income level, the charges will be reduced or eliminated. You may be responsible for a portion of your bill, even though you have been approved. Approvals are effective for a period of 12 months.

As a further condition of eligibility you **must make application for any assistance** (Medicare, Medicaid, SLH, medical insurance, auto insurance, etc.) that may be available for payment for services. You must take any action reasonably necessary to obtain such assistance and assign or pay the amount recovered. If your charges are pending legal action by your attorney, or are considered to be workers compensation claims, they are not eligible for financial assistance. **Accounts, referred to outside agencies for collection, or those pending legal action, will not be considered for financial assistance.**

If you think you may be eligible for financial assistance, you may complete the form (on the back of this sheet), and submit it to the Billing Office of Highland County Volunteer Rescue Squad.

Highland County Volunteer Rescue Squad will make a written determination of your eligibility for FINANCIAL ASSISTANCE within 20 working days of your application.

Complete the back of this sheet and mail application to: **HIGHLAND COUNTY VOLUNTEER RESCUE SQUAD
PO BOX 2828
STAUNTON VA 24402**

Highland County Volunteer Rescue Squad

PO Box 2828
Staunton, Virginia 24402

APPLICATION FOR FINANCIAL ASSISTANCE

Family Size _____. Include Self, Spouse, and dependent children under age 21, living in the home.

Applicant's Full Legal Name _____

Applicant's Soc. Sec. # _____ Date of Birth _____

Legal Name of Spouse _____

Spouse Soc. Sec. # _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Dependent children under age 21, living in the home.

Legal Name	Age	Social Security Number	Relationship to Applicant	Date of Birth

Household Income

List all income, earned and unearned. (Use the "before deductions" amount).

TOTAL income in last 3 months _____. Provide proof of this income. Failure to provide proof of income will delay the processing of your application.

NOTE: 1. You MUST attach proof of income as requested above.

2. Highland County Volunteer Rescue Squad reserves the right to request further income information.

3. If you listed zero income: attach written explanation as to who provides your room and board.

4. Social Security recipients, you must provide your current Social Security benefit letter, not your bank statement (before Medicare deduction).

5. For self-employed, please provide a copy of your recent taxes or current profit or loss statement.

Approvals are for 12 months from the date of application.

CERTIFICATION

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicare, Medicaid, medical insurance, auto insurance, etc.) that may be available for payment of my charge, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the Highland County Volunteer Rescue Squad the amount recovered for the charges. If any information I have given proves to be untrue, I understand that the Highland County Volunteer Rescue Squad may re-evaluate my financial status and take whatever action becomes appropriate.

Date of Request _____ Applicant's Signature _____

Phone 540-213-0528 * Toll Free 877-331-4261 * Fax 540-213-0531