

**SOUTHWEST SHIAWASSEE EMERGENCY SERVICES ALLIANCE
PERRY AREA FIRE-RESCUE**

| EMS BILLING HARDSHIP | | |
|-----------------------------|--|-----------------|
| Issued:10-10-2023 | | SOP: 305 |
| Effective:12-18-2023 | | Revised: |

1. Purpose

SSESA-PAFR recognizes that individuals and families within our community may face financial challenges that make it difficult to meet the costs associated with Emergency Medical Services (EMS) provided by our department. In the spirit of our commitment to serving the community, this Financial Hardship Policy is established to ensure that essential emergency medical care is accessible to all residents, regardless of their financial circumstances.

2. Policy

- 2.1. Definition of Financial Hardship: Financial hardship is defined as a situation in which an individual or household faces difficulty in meeting EMS billing obligations due to economic constraints, including but not limited to unemployment, significant medical expenses, or other financial challenges.
- 2.2. Application Process: Individuals experiencing financial hardship may apply for assistance by submitting a Financial Hardship Application to SSESA-PAFR.
- 2.3. Documentation Requirements: Applicants will be required to provide supporting documentation demonstrating their financial hardship, which may include proof of income, medical expenses, unemployment records, or other relevant documentation.
- 2.4. Confidentiality: All information submitted as part of the Financial Hardship Application will be treated confidentially, and access will be restricted to authorized personnel involved in the review process.
- 2.5. Review Process: SSESA-PAFR will establish a review process to assess Financial Hardship Applications in a fair and timely manner.
- 2.6. Fee Reduction or Waiver: Eligible applicants may be eligible for a payment plan or receive a reduction in EMS billing fees.
- 2.7. Notification of Decision: Applicants will be promptly notified of the decision regarding their Financial Hardship Application, and any approved payment plan or fee reduction will be clearly communicated.
- 2.8. Appeals Process: An appeals process will be in place for individuals dissatisfied with the decision on their Financial Hardship Application. Appeals will be reviewed by an impartial committee.

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3. Community Outreach and Education

- 3.1. Information Dissemination: SSES-PAFR will actively disseminate information about the Financial Hardship Policy to the community through various channels, including the official website, community meetings, and public announcements.
- 3.2. Education on Eligibility and Application Process: Efforts will be made to educate the community on the eligibility criteria, application process, and the availability of financial hardship assistance.

4. Determination of Financial Hardship

- 4.1 Decisions to waive or reduce any co-insurance and/or deductible amounts owed by a patient will be made on a **case-by-case** basis.
 - 4.1.2. To ensure that decisions to waive or reduce co-insurance and/or deductible amounts are documented and based upon uniform objective criteria:
 - 4.1.3 Each patient who desires a waiver or reduction of any co-insurance and/or deductible amount must complete the attached confidential Financial Worksheet and submit the completed worksheet together with a copy of the responsible party's most recent W2 form or most recent federal tax return.
 - 4.1.4. The information on this worksheet will be compared to our policies to determine eligibility for waivers or lower payments.
- 4.2. Decisions to waive or lower co-insurance and deductible amounts are based upon the financial information supplied by the patient in the Financial Worksheet and the W2 and/or federal tax return.

6. Criteria for Determining Financial Hardship

- 6.1. Patient's or family's income in relationship to 200% of National Poverty level
 - 6.1.2. 100% waiver of all deductibles and co-pays if family income is equal to or less than 200% of National Poverty level. (See next page.)
- 6.2. Patient's or family's discretionary income (total monthly income less total monthly expenses)
 - 6.2.1. Payment plans will be established for patients whose discretionary income meets the following schedule:

| | |
|-------------------------------------|----------------------|
| 6.2.2. Monthly Discretionary Income | Monthly Payment Plan |
| \$0-350 | \$25.00 |
| \$351- \$450 | \$35.00 |

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\$451-\$500

\$50.00

5. Periodic Review and Revision

- 5.1.** This Financial Hardship Policy will be subject to periodic review to ensure its effectiveness, responsiveness to community needs, and compliance with applicable laws. Any necessary revisions will be communicated to the public and relevant stakeholders.

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EMS Billing Financial Hardship Application

Applicant Information:

Name of Applicant:

Last Name: _____

First Name: _____

Middle Initial: _____

Contact Information:

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

Date of Birth:

_____ (MM/DD/YYYY)

Insurance Information (if applicable):

Insurance Provider: _____

Policy Number: _____

Group Number: _____

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Financial Hardship Information:

Employment Status:

Employed

Unemployed

Retired

Other (please specify): _____

Monthly Household Income:

Gross Monthly Income: \$_____

Number of Dependents: _____

Reason for Financial Hardship:

Unemployment

High Medical Expenses

Other (please specify): _____

Monthly Expenses:

Rent/Mortgage: \$_____

Transportation: \$_____

Utilities: \$_____

Medical Expenses: \$_____

Food: \$_____

Other (please specify): \$_____

Supporting Documentation:

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Please attach the following documents to support your Financial Hardship Application:

- Proof of Income (pay stubs, unemployment benefits, etc.)
- Documentation of Medical Expenses
- Proof of Unemployment (if applicable)
- Other relevant documents

Certification:

I certify that the information provided in this Financial Hardship Application is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of financial hardship assistance.

Applicant's Signature: _____

Date: _____ (MM/DD/YYYY)

Instructions for Submitting the Application:

Please submit the completed Financial Hardship Application along with all required supporting documentation to SSES-PAFR. You may submit the application in person at 145 S. Main Street, Perry, MI 48872, by mail to PO Box 63, 145 S. Main Street, Perry, MI 48872, or via email to wjackson@perryareafirerescue.com.

For questions or assistance, please contact SSES-PAFR at 517-625-7611.