

Village Ambulance Service, Inc.

Transport Billing Hardship Policy

PURPOSE:

To establish a policy that allows the modifying of ambulance transport fees based on current year Department of Health and Human Service Poverty guidelines, and to abide by decisions made by the Center for Medicare Medicaid Services (CMS) OIG.

SCOPE:

This policy pertains to all patients transported by Village Ambulance Service.

Transported individual must **NOT** have been injured while involved in the commission of a felony criminal activity.

Each resident as defined above may request one (1) hardship modification per consecutive twelve (12) month period.

PREFACE:

The charges for transport billing may be modified, based upon financial hardship, as determined by Village Ambulance Service. These procedures will ensure just and fair evaluation of a hardship waiver request as well as establish an audit trail for future use.

PROCEDURES:

1. No one will EVER be denied necessary medical transport service due to either their inability to pay or a lack of insurance.


2. Village Ambulance Service will address cases of financial hardship on an individual basis.

3. Patients who are unable to pay their co-pays, deductibles, or who are uninsured, unemployed, homeless, or for other reasons unable to make payments may request a financial hardship review of their transport charge. Patients, or their designee, shall complete the "Request for Transport Fee Hardship Fee Form" The form is available on the Village Ambulance Service website under the COMMUNITY link or can be requested by calling the Village Ambulance Service billing office at 413-458-4889.

4. The General Manager and Office Manager for Village Ambulance Service will make a final decision that will be noted on the form. The General Manager and Office Manager for Village Ambulance Service may waive all charges, reduce the charges, establish a payment plan or deny the request. All final resolutions will be noted on the form.

If approved for modification a copy of all documentation will be made and it will be held in the ambulance service files for a period of seven years. The original form will be transmitted to the billing company authorizing the elimination of the patient's charges. Village Ambulance Service will notify the patient in writing as to the final disposition of the Hardship Waiver.

[illegible]



 E.M.S.

I do hereby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this transport service fee. **By signing this form I certify that I have no insurance that can be billed for this charge. I declare that all of the information contained in this document and the attachments are true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request.** I hereby agree to notify Village Ambulance Service of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the Transport Fee.

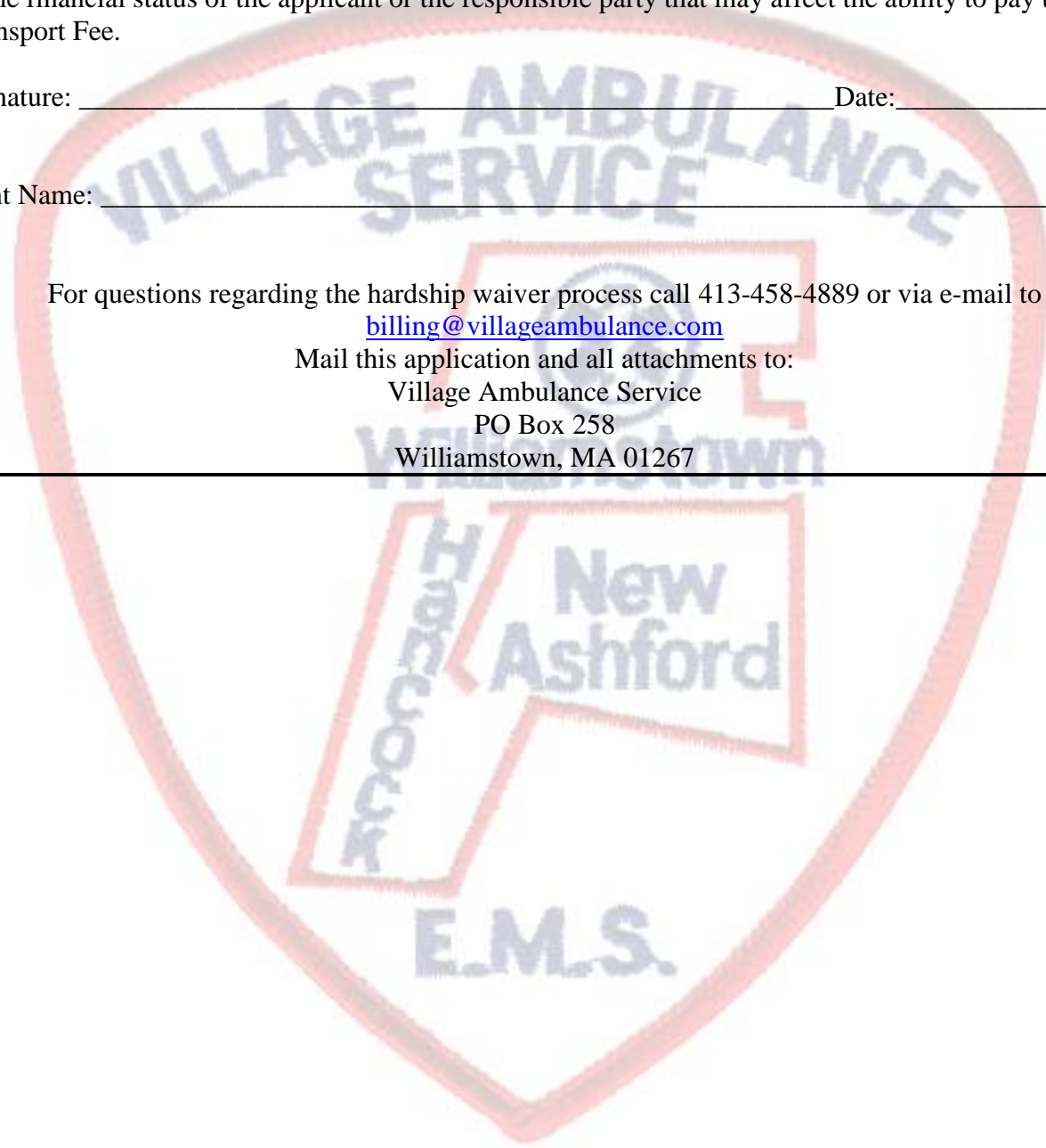
Signature: _____ Date: _____

Print Name: _____

For questions regarding the hardship waiver process call 413-458-4889 or via e-mail to billing@villageambulance.com

Mail this application and all attachments to:

Village Ambulance Service
PO Box 258
Williamstown, MA 01267



Administrative Use Only

Incident #: _____ Invoice Number: _____

Date of transport: _____

Date request received: _____

Claim: (circle) Approved Denied

Reason: _____

Date Billing Company Notified: ____/____/____

General Manager Approval Signature: _____

Office Manager Approval Signature: _____

