



AMBULANCE TRANSPORTATION
FEE FOR SERVICE PROGRAM
HARDSHIP APPLICATION – WAIVER REQUEST

Applicant Name: _____ SSN: _____
Applicant Address: _____
Phone Number: _____
Responsible Party (if not the same as Applicant):
Name: _____ SSN: _____
Address: _____

In accordance with the Ambulance Fee for Service ordinance adopted by the Board of Supervisors of King George County, I hereby attest and affirm the following responses to be true and accurate to the best of my knowledge.

*KGC – King George County

- 1. The applicant is a resident of King George County. [] Yes [] No
2. The responsible party is a resident of King George County. [] Yes [] No
3. The applicant owns real estate in King George County. [] Yes [] No
4. The responsible party owns real estate in KGC. [] Yes [] No
5. The applicant pays personal property taxes in KGC. [] Yes [] No
6. The responsible party pays personal property taxes in KGC. [] Yes [] No
7. The applicant is covered under a health insurance plan either as the insured or a dependent of the insured. [] Yes [] No
8. The median household income of the applicant is less than \$94,274 annually. [] Yes [] No
9. The median household income of the responsible party is less than \$94,274 annually. [] Yes [] No
10. The applicant MUST attach the appropriate financial documentation (i.e. – tax forms) in order to verify household income. [] Yes [] No

*Attach all supporting documents to this form.

Examples of supporting documents can be – prior tax returns, paystubs, and social security checks. They MUST be sent back with the application to be reviewed.

Please include a copy of your ambulance billing invoice in addition to your financial documentation.

I hereby request that I, as either the applicant or responsible party for the above-named applicant, be considered for a reduction in my payment responsibilities for ambulance transport services. I understand that I will be held liable for any false statements. I agree to notify King George County of any changes in the status of the applicant or the responsible party that may affect their qualification for reduction in payment responsibility.

Signature of: (please check applicant or responsible party below)

- [] APPLICANT
[] RESPONSIBLE

If you have any questions, please call 800-814-5339
Please mail completed form to:
King George County
Department of Fire, Rescue, & Emergency Services
PO Box 429
Lewisville, NC 27023-0429

ADMINISTRATIVE USE ONLY:

Incident: _____ EMS I MC Invoice #: _____
Date of Service: _____ Date Recv'd: _____
Claim Approved/Denied (Reason): _____
Date EMS I MC Notified: _____
Approval Signature: _____ Date: _____