

DCFEMS HARDSHIP REQUEST FORM

RETURN MAIL TO:

DC Fire and EMS Department
P.O. Box 717767
Philadelphia, PA 19171-7767

Account Number:

Date of Service:

Thank you for submitting a hardship assistance request to DCFEMS. When submitting a hardship request, DCFEMS requires that a patient or party representing the patient accurately provide all the following information. A supplemental letter, with further explanation, may also be attached.

Patient Full (Legal) Name

Patient Birth Date

Patient Full Residential Address (Apt#, City, State)

Zip Code

Patient Contact Telephone

Patient Representative (If Applicable)

Representative Contact Telephone

PLEASE INDICATE ALL THAT APPLY:

- YES The patient was homeless on the date of ambulance transport, with no fixed residential address, living in the streets, or was temporarily living in a homeless shelter.
- YES The patient was unemployed on the date of ambulance transport, was receiving unemployment benefits, or was receiving other income assistance.
- YES The patient was uninsured on the date of ambulance transport with an annual income of less than \$32,200 (or other adjusted amount for a family and/or domestic partner arrangement).
- YES The patient was permanently disabled on the date of ambulance transport, as defined by Internal Revenue Service (IRS) tax reporting guidelines.
- YES The patient was experiencing end-of-life medical conditions on the date of ambulance transport, or died following ambulance transport.
- YES Other reason (please include supplemental letter and explain).

By signing this form, I am requesting that DCFEMS consider reducing my ambulance fees and charges for reasons of hardship. I understand that I may be required to provide documentation supporting this request, if asked. By signing this form I certify, under applicable penalties of law, that all of the above is accurate to the best of my knowledge and that I am not misrepresenting any of the information provided.

Signature of Patient or Patient Representative

Date

Need Help? Please Call 1-202-673-3368