

# **Sonoma County Fire District 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.

## **SCOPE:**

This policy pertains to all residents transported by the Sonoma County Fire District. Resident is defined as any person living within the Sonoma County Fire District boundaries (refer to Exhibit A).

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 EMS transport billing may be modified, based upon financial hardship, as determined by the Sonoma County Fire District. These procedures will ensure a just and fair evaluation of a hardship waiver request and will 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) Every effort will be made to collect from insurance for payment; after insurance makes payment, the District will attempt to collect remaining balance from patient.
- 3) Sonoma County Fire District will address cases of financial hardship on an individual basis.
- 4) 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 Modification Form" The form may be requested from Wittman Enterprises, LLC by calling (800) 772-6552 or by mail to Wittman Enterprises, LLC 11093 Sun Center Drive, Rancho Cordova, CA 95670.
- 5) This fee modification application will be forwarded to the client's appointed administrator or designee for review and decision. The Board of Directors (or their appointed designee) for the Sonoma County Fire District will make a final decision that will be noted on the form. The Board of Directors (or their appointed designee) may waive all charges, reduce the charges, establish a payment plan or deny the request. All final resolutions will be noted on the form.
- 6) If approved for modification a copy of all documentation will be made and it will be held in the fire department files for a period of five years. The original form will be transmitted to the billing company authorizing the elimination of the patient's charges. The Fire District will notify the patient in writing as to the final disposition of the Hardship Waiver.
- 7) The Sonoma County Fire District will consider **138%** of the current HHS Poverty Guidelines as a guideline in granting a hardship waiver.

**SONOMA COUNTY FIRE DISTRICT EMS  
TRANSPORT BILLING HARDSHIP APPLICATION**

**(Note: A hardship application must be submitted for each EMS Transport Fee Adjustment Request)**

Applicant Name: \_\_\_\_\_

SNN: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of EMS Transport: \_\_\_\_\_

**Service Requesting:**

- My ambulance fee be waived
- My ambulance fee be reduced
- Establishment of a payment plan that better suits my ability to pay

Monthly Household Gross Income: \_\_\_\_\_ Number of dependents living in household: \_\_\_\_\_

In order for your application to be considered for approval, one or more of the below documents must be submitted with your application:

- W-2 withholding statements or unemployment check stubs for past 90 days
- Paycheck stubs for the past 90 days for all persons employed in the home
- Income tax return (most recent signed)
- Any other information you wish to provide that will help in our decision-making process

**Responsible Party (if different from applicant):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from above applicant): \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

In your own words explain why you are requesting a Hardship Waiver:

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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 EMS transport service fee. **By signing this form, I certify that I am uninsured and currently have no insurance which can be billed for this charge. I declare that all of the information contained here within this document, along with all attachments, is true and accurate. Furthermore, I understand that I will be held liable for any false statements and/or information provided, pertaining to this waiver request.** I hereby agree to notify the Sonoma County Fire District of any change to the financial status of the applicant, or responsible party, which may affect their ability to pay the EMS Transport Fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For questions regarding the hardship waiver process, please contact Heidi Flowers at (707) 892-2440 or via e-mail at [hflowers@sonomacountyfd.org](mailto:hflowers@sonomacountyfd.org)

Applications with all attachments can be mailed to:  
Wittman Enterprises, LLC  
11093 Sun Center Drive  
Rancho Cordova, CA 95670

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Administrative Use Only

Incident #: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Date of transport: \_\_\_\_\_

Date request received: \_\_\_\_\_

Claim: (circle) Approved Denied

Reason: \_\_\_\_\_

Date Billing Company Notified: \_\_\_\_\_

Fire Chief Approval Signature: \_\_\_\_\_

Finance Director Approval Signature: \_\_\_\_\_