



TOWN OF ULYSSES
10 Elm Street, Trumansburg, NY 14886
ulysses.ny.us

Town Supervisor (607) 387-5767, Ext 232 supervisor@ulysses.ny.us
Town Clerk (607) 387-5767, Ext 221 clerk@ulysses.ny.us

APPLICATION FOR AMBULANCE BILLING FINANCIAL ASSISTANCE

March 2018

1. Name of patient: _____
2. Name of person responsible for payment: _____
3. Contact Information for person responsible for payment:
Phone: _____ Email: _____
4. Date of ambulance service: _____
5. Amount of fee charged: _____
6. If you can pay the full amount but need a payment plan, please propose installments and final payment date: _____
7. Amount of fee you are asking to be waived: _____
8. Do you have insurance? _____
9. If yes, please provide the carrier and identification #: _____
10. Annual Income of person responsible for payment: _____
11. Family size: _____
12. Is your annual income **less than** the amount listed below? Yes _____ No _____

# in family:	1	2	3	4	5	6	7	8	Each Extra Add
Annual family income:	\$36,420	\$49,380	\$62,340	\$75,300	\$88,260	\$101,220	\$114,180	\$127,140	\$16,200

13. Please verify the income of the person responsible for payment. Attach 1 of the following:
 - Latest State and Federal Tax Returns OR

- Documentation of eligibility for any (1) one of the following assistance programs:
 - Public Assistance, SSI, or Medicaid, Food Stamps OR
 - Free/Reduced School Breakfast and Lunch Program OR
 - Section 8 Housing Subsidy OR Home Energy Assistance Program (HEAP)

14. If you make *more than* the amount highlighted above and need assistance, explain why paying your share of the fee would be a significant hardship.

For information or assistance, contact the EMS Coordinator at (607) 387-7131.