

City of Duncanville Fire Department 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 residents transported by the Duncanville Fire Department EMS. Resident is defined as any person living in Duncanville, Cedar Hill and DeSoto, Texas as defined by local Ordinances, Codes or Agreements in-and-between the Duncanville, Cedar Hill and DeSoto Fire Departments.

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 City of Duncanville, Texas. 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) The City of Duncanville, Texas 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 Modification Form" The form is available on the City of Duncanville Fire Department Internet site under the link to the Fire Department or can be requested by calling the Fire Department Billing at 972-780-4920.
- 4) This fee modification application will be forwarded to the client's appointed administrator or designee for review and decision. The Fire Chief and the Finance Director (or their appointed designee) for the City of Duncanville will make a final decision that will be noted on the form. The Fire Chief and the Finance Director (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.
- 5) 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 Department will notify the patient in writing as to the final disposition of the Hardship Waiver.
- 6) The City of Duncanville, Texas will consider **200%** of the current HHS Poverty Guidelines as a guideline in granting a hardship waiver.

**CITY OF DUNCANVILLE FIRE DEPARTMENT
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: _____

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: _____