

## McFarland Fire & Rescue Ambulance Fee Hardship Waiver Information

The McFarland Fire & Rescue Hardship Waiver is designed to help people who have no insurance or the means to pay.

Failure to completely and accurately provide the information required below may result in denial of the waiver.

The schedule below provides the threshold to waive the fee based on total family income and number of individuals in household.

	Number of People in Household					
	1	2	3	4	5	6+
<b>Total Annual Family Income</b>	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480

### *Hardship Waiver Requirements*

If you would like to be considered for a waiver all four of the following steps must be completed and submitted to our office:

**STEP 1 – SIGNED STATEMENT.** You must include a signed statement indicating your insurance or governmental assistance. For example: “I have no assistance or insurance to cover this ambulance bill.”

**STEP 2 – PROOF OF TOTAL FAMILY ANNUAL INCOME = A SIGNED COPY OF YOUR MOST RECENT FEDERAL INCOME TAX FORM, including social security (line 20a).**

If you did not file taxes, proof of income/hardship from an independent third party must be submitted, such as:

- A photocopy of your most recent signed Homestead Schedule H
- A photocopy of a Statement of Benefits from either Food Share, SSI, Disability, or Unemployment
- Copy of Hospital Charity Care Approval for the same date of service.

**STEP 3 – ARE YOU RECEIVING OR ELIGIBLE FOR GOVERNMENTAL ASSISTANCE** such as medical assistance, Medicare, SSI or general assistance?

- YES If yes, you must send us an explanation of benefits and payments you receive before the waiver applies.
- NO

**STEP 4 – DO YOU HAVE PRIVATE HEALTH OR ACCIDENT INSURANCE?**

- YES If yes, it must be applied for before being considered for a waiver. **WHEN YOU RECEIVE A CHECK OR DENIAL**, send us the payment and the explanation of benefits that you received.
- NO