

# ROSS/WEST VIEW EMERGENCY MEDICAL SERVICES AUTHORITY

## Financial Hardship Policy/Application Municipal Ordinance EMS Fee

**PURPOSE:** Ross/West View Emergency Medical Services Authority, hereinafter referred to as Ross/West View EMS, has established this policy in an order to maintain consistency in assisting individuals who request a reduction or waiver of the annual mandatory EMS Fee Ordinance.

The Municipal Funding Committee, which is comprised of members of Ross/West View EMS Administration and members of the Ross/West View EMS Board of Directors, as well as municipal managers and elected officials from Ross Township, West View Borough, Millvale Borough, Reserve Township and Ohio Township. The annual municipal EMS Fee ordinance was adopted by all five communities.

This policy/application outlines Ross/West View EMS policies and procedures in relationship to the application and approval process for indigent individuals. Ross/West View EMS will take into account the overall financial circumstances of the applicant and apply this policy consistently.

**If approved, Ross/West View EMS may elect to reduce or waive the mandatory annual EMS Fee.**

**FINANCIAL HARDSHIP CRITERIA:** Ross/West View EMS will take into account a range of factors when deciding whether the full payment of the EMS Fee will cause the applicant financial hardship. In making the decision whether to reduce or waive the EMS Fee, Ross/West View EMS will compare the amount earned, living expenses, assets and debts. Written verification, may be required to substantiate and verify information contained in the financial hardship application.

Ross/West View EMS uses a combination of the current year's federal poverty guidelines to help in determining if an applicant qualifies for a financial hardship waiver.

In applying these guidelines, Ross/West View EMS will also consider and take into account any other income and expenses including money earned in the entire household. Income and employment status verification may be required, including tax returns, check stubs, etc.

1. Whether payment of the mandatory EMS Fee will affect the applicant's ability to pay for the following living expenses:
  - Food and clothes
  - Rent or mortgage payments
  - Any other basic needs; or
  - Any special needs (for a serious illness or disability)
2. Whether the applicant owns any assets, such as a car or house. Assets also include:
  - Investments
  - Money in the bank
  - Cash on hand for short term expenses; and
  - Money designated for special needs
3. Whether the applicant has any debts

# ROSS/WEST VIEW EMERGENCY MEDICAL SERVICES AUTHORITY

## Application Process for Financial Hardship Municipal Ordinance EMS Fee

An application for a financial hardship reduction/waiver of the EMS Fee must be made in accordance with the Ross/West View Emergency Medical Service Authority, hereinafter referred to as Ross/West View EMS, policy entitled "Financial Hardship".

Applicants can request and complete a **Financial Hardship Application Form**. The form can be obtained by calling (412) 931-8200 or by visiting Ross/West View EMS Business Office at 5325 Perry Highway, Pittsburgh, PA 15229 during normal business hours. Forms can also be requested through submission of a written request, to the above address.

If applying in person, please be prepared to offer written verification of the necessary information about your financial circumstances. If you have difficulty performing of these tasks, please contact Ross/West View EMS at (412) 931-8200. Applicants are required to return the completed forms and submit all required documentation to Ross/West View EMS.

**REQUIRED INFORMATION:** Ross/West View EMS requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially, as outlined by the Health Insurance Portability and Accountability (HIPAA) Policy and will only be reviewed by Ross/West View EMS administrative staff involved in processing requests for reduced or waiver of EMS Fee charges.

**TIME FRAME:** After an application and verification information is received, Ross/West View EMS will consider the overall financial situation of the applicant and then render a decision. Ross/West View EMS has designated the authority to grant or reject requests for financial hardship to the Executive Director. All decision will be made within 10 working days from the time that Ross/West View EMS receives and reviews all required information.

Applicants will receive a notification letter outlining whether or not the application has been approved or rejected. If your request for a reduction or waiver of the EMS Fee is rejected, Ross/West View EMS will provide the applicant with a written summary and explanation of its decision.

Ross/West View EMS administrative staff will maintain all documentation related to the financial hardship reduction/waiver process. This documentation will include all supporting documentation including the reduction/waiver request and all documents provided in support of the request.

In applying these guidelines, Ross/West View EMS will also consider and take into account all other income and expenses; including money earned in the entire household. Income and employment status verification may be required, including tax returns, check stubs, etc.

Income shall be annualized from the date of the request based on documentation provide and upon verbal information provided by the resident or their designee. The annualization process will also take into consideration seasonal employment and temporary increases and/or decreases to income

Any denial of "financial hardship" reduction/waiver will be written and will include instructions for reconsideration. If additional documentation of financial need is received to support charity care, the request will be reviewed and considered per the above guidelines.

**PLEASE COMPLETE THE ATTACHED APPLICATION AND FINANCIAL STATEMENT. YOUR REQUEST CANNOT BE PROCESSED UNLESS THE APPLICATION AND FINANCIAL STATEMENT IS FULLY COMPLETED AND SIGNED!**

ROSS/WEST VIEW EMERGENCY MEDICAL SERVICES AUTHORITY

Application Process for Financial Hardship  
Municipal Ordinance EMS Fee

FINANCIAL HARDSHIP APPLICATION

Please complete the application and attached financial statement. Please return all forms and required documentation (in person or by mail) to Ross/West View EMS, 5325 Perrysville Avenue, Pittsburgh, PA 15229 (telephone 412-931-8200 or by fax 412-931-4685

All information relating to financial hardship requests will be kept *confidential*

Resident Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Person completing this application (if different than person listed above)

\_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Number of Family Members (Living in Household): \_\_\_\_\_

Please List all Current Employers: Check Here if UNEMPLOYED \_\_\_\_\_ How Long? \_\_\_\_\_

Employer 1 : \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer 2 : \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

ROSS/WEST VIEW EMERGENCY MEDICAL SERVICES AUTHORITY

Application Process for Financial Hardship  
Municipal Ordinance EMS Fee

FINANCIAL HARDSHIP APPLICATION

Please provide documentation of proof of income. Appropriate documentation of **financial hardship** would be one or more of the following:

1. Documented proof that the resident is at or below 135% of the current federal poverty guidelines (see Attachment A for current Federal HHS guidelines). Documents may include but not limited to:

- \_\_\_\_\_ W-2 withholding statements or unemployment check stubs for the past 90 days
- \_\_\_\_\_ Paycheck stubs for the past 90 days for all persons employed in the residence
- \_\_\_\_\_ Income tax return (most recent signed 1040 and/or W-2)
- \_\_\_\_\_ Proof of all other income received in the past 90 days
- \_\_\_\_\_ Application Forms from Medicaid or other State-funded medical assistance programs
- \_\_\_\_\_ Forms from employers or welfare agencies

2. Patient has other circumstances that indicate financial hardship. These can be situations such as:

- \_\_\_\_\_ Proof of all outstanding debts or bills (copies of bills, statements, late notices, etc)
- \_\_\_\_\_ Proof of bankruptcy settle (if applicable)
- \_\_\_\_\_ Catastrophic situations (death or disability in family, divorce) or other documentation which demonstrates the patient would be unable to pay the EMS Fee and still be able to pay for other basic necessary expenses

Please describe patient indigent circumstances: \_\_\_\_\_

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ROSS/WEST VIEW EMERGENCY MEDICAL SERVICES AUTHORITY

Application Process for Financial Hardship  
Municipal Ordinance EMS Fee

FINANCIAL HARDSHIP APPLICATION

MONTHLY FAMILY INCOME & SOURCE

	Resident	Spouse	Dependents
Monthly Salary (Gross)	\$ _____	\$ _____	\$ _____
Public Assistance Benefits	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other (Alimony, etc.)	\$ _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____	\$ _____
<b>TOTAL FAMILY INCOME</b>	\$ _____	\$ _____	\$ _____

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE ROSS/WEST VIEW EMS TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Making Request

**Ross/West View  
Emergency Medical Services Authority**

**Financial Hardship Application – Attachment B**

**2023 HHS Poverty Guidelines**

**(48 Contiguous States and D.C)**

<b>Number of Persons in Family or Household</b>	<b>48 Contiguous States and D.C.</b>	<b>135% Threshold Established by Ross/West View EMSA</b>
1	\$14,580	\$19,683
2	\$19,720	\$26,622
3	\$24,860	\$33,561
4	\$30,000	\$40,500
5	\$35,140	\$64,043
6	\$40,280	\$54,780
7	\$45,420	\$61,317
8	\$50,560	\$68,256

For each additional person  
In families exceeding eight      \$5,140                      \$6,939  
Members, add

**SOURCE: Federal Register, January 19, 2023, pp 3424-3425**

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Address 2: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Making Request

**Ross/West View  
Emergency Medical Services Authority**

**Financial Hardship Application – Attachment B**

**2024 HHS Poverty Guidelines**

**(48 Contiguous States and D.C)**

<b>Number of Persons in Family or Household</b>	<b>48 Contiguous States and D.C.</b>	<b>135% Threshold Established by Ross/West View EMSA</b>
<b>1</b>	<b>\$15,060</b>	<b>\$20,331</b>
<b>2</b>	<b>\$20,440</b>	<b>\$27,594</b>
<b>3</b>	<b>\$25,820</b>	<b>\$34,857</b>
<b>4</b>	<b>\$31,200</b>	<b>\$42,120</b>
<b>5</b>	<b>\$36,580</b>	<b>\$49,383</b>
<b>6</b>	<b>\$41,960</b>	<b>\$56,646</b>
<b>7</b>	<b>\$47,340</b>	<b>\$63,909</b>
<b>8</b>	<b>\$52,720</b>	<b>\$71,172</b>

**For each additional person  
In families exceeding eight  
Members, add**

<b>\$5,380</b>	<b>\$7,263</b>
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**SOURCE: Federal Register, January 2024**