



Timbrook Public Safety Center
231 East Piccadilly Street, Ste. 330
Winchester, VA 22601

Telephone: (540) 662-2298
FAX: (540) 542-1318
Website: www.winchesterva.gov

**WINCHESTER FIRE AND RESCUE
EMS TRANSPORT FEE WAIVER FORM**
Transport Fee Waiver Form must be submitted for each transport

PATIENT NAME: _____

ADDRESS: _____

NAME IF NOT THE PATIENT: _____

MONTHLY HOUSEHOLD GROSS INCOME: \$ _____

HOUSEHOLD SIZE (# of People): _____

I am applying to City of Winchester Fire and Rescue Department for a waiver of payment for my EMS transport fee.

- I certify that I have no insurance that can be billed for this charge, and I am unable to pay for this service.
- I certify that I do have insurance that was billed for this charge with charges being applied to my deductible and I am unable to pay the remaining balance due.
- I certify that I do have insurance that was billed for this charge with payment being made, leaving a copay and I am unable to pay the remaining balance due.

I certify above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein. I acknowledge that additional documentation may be requested.

Signature

Date

If you have any questions please call (540) 662-2298. Please hand deliver or mail completed form to:

Winchester Fire & Rescue Department
231 E Piccadilly St, Suite 330
Winchester, VA 22601

ADMINISTRATIVE USE ONLY

Annual Gross Income based on information provided: \$ _____

Incident Number #: _____

____ Approved

____ Claim Denied Due to: _____

Approval Signature: _____ Date: _____