



The Creamery Building
21 South Kent Street, Ste. 301
Winchester, VA 22601

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

**WINCHESTER FIRE AND RESCUE
EMS TRANSPORT FEE WAIVER FORM**

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 or denial being made, leaving a remaining balance and I am unable to pay.

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
21 South Kent St, Ste. 301
Winchester, VA 22601

ADMINISTRATIVE USE ONLY

Annual Gross Income based on information provided: _____

Incident Number : _____ Billing Account Number: _____

Approved

Claim Denied Due to: _____

Approval Signature: _____ Date: _____

"To develop and deploy a coordinated service delivery system through which the community is provided public safety services in a professional and cost effective manner."