



Chief
Thomas W. Brice

Perrysburg Township Fire & EMS

26711 Lime City Rd. Perrysburg, OH – 43551
Business (419) 872-8879 Fax (419) 887-6937



Deputy Chief
James J. Rodriguez

Hardship Application

Patient Name

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First

Last

Relationship to Patient

Date of Service

Account

	/ /	
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MM DD YYYY

Phone Number

Email

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Address

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Street Address

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Address Line 2

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City

State

Zip Code

Country

Number of Family Members (Living in Household)

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Employed?

☐ Yes

☐ No

Self Employed?

☐ Yes

☐ No

If unemployed, state how long

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Retired?

☐ Yes

☐ No

Spouse's Employer

Monthly Household Gross Income

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Please explain why you are requesting a Hardship Waiver.

Attached Documentation

Please Note: You must attach at least one of the following pieces of documentation to your application, or it will not be processed.

- W-2 Withholding Statements or unemployment check stubs for the past 90 days
- Any and all applicable insurance information
- Social Security Statement if available
- Income Tax Return (most recent; signed)
- Any other information you wish to provide that will help in our decision-making process (i.e. bankruptcy information, divorce decree, HCAP, etc.)

I request, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment as they relate to this EMS transport service fee. By signing this form I affirm that all the information contained in this document and the attachments are true and accurate. I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify Medicount Management, Inc. of any changes in the financial status of the applicant or the responsible party that may affect the ability to pay the EMS transport fee.

By signing this document, I agree to these terms

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Date

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MM		DD		YYYY