



Shrewsbury Ambulance Fee Accommodation Request

Invoice _____

Balance Due:

Account Status: Self Pay

Patient Information

Patient: _____

Patient Current Address: _____

Patient preferred method of contact:

_____ Phone: _____

_____ Email: _____

Patient Monthly income: \$ _____

Patient Occupation: _____

Accommodation request

Pay in Full \$ _____

Payment Method: _____ **Credit Card** _____ **Check** (mail or drop off) _____

Cash (drop off M-F 9am-3pm)

Credit Card info: Card Number _____ exp. ____/ ____

Amt: \$ _____ [] check here to be called prior to charge.

Monthly Payments (\$20 minimum) \$ _____ until paid in full

Other terms (be specific)

Reason for Request

(be specific of any and all circumstances):

Ambulance Fee Accommodation Form Instructions

Accommodations are approved by department on a case by case basis.

The approval is based on the following criteria.

- a. Review of Insurance coverage: availability/terms/ payments received
- b. Financial situation of patient and patient family (provided in writing)
- c. Ability to pay

Written requests are required by department and the convenience of completion and email delivery has been provided within this form. Department will respond to all requests within 10 working days.

Instructions by field:

INVOICE: Enter invoice number **1** found on Billing Statement this number appears with "SH" followed by 4 numbers. *For example: SH0123*

BALANCE DUE: Enter the amount due **2** found on statement.

PATIENT: *Optional*, Enter the name of the patient or responsible party.

PATIENT CURRENT ADDRESS: *Optional*, address has changed since last statement received.

PREFERRED METHOD OF CONTACT: If Shrewsbury needs to contact you, select one or both options and provide current information.

PATIENT MONTHLY INCOME: Provide Gross income of the responsible party(s).

PATIENT OCCUPATION: Provide current occupation or status of employment (retired, unemployed, disabled, etc.)

ACCOMODATION REQUEST Payment terms: Select one option to pay.

PAY IN FULL: Select this option when collection account has aged over 1 year. Method to pay the balance in full by Credit card, check or cash. This form is unnecessary for accounts, aged less than a year, to be paid in full.

MONTHLY PAYMENT (\$20 minimum): Select this option to set up reoccurring monthly payments. Minimum \$20 payment is required via credit card or checking account on file.

OTHER TERMS (be specific): Select when your offer is less than the full amount due. Provide offer amount, terms of payment, and complete following section 'Reason for Request'.

Reason for Request: Only complete if requesting a reduction in amount due. Provide specific details of hardship.

Example: Billing Statement

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Outstanding
\$0.00	\$0.00	\$0.00	\$0.00	\$250.00	\$250.00