



North Fork Ambulance Auxiliary  
PO Box 127  
110 E. Hotchkiss Ave.  
Hotchkiss, CO 81419  
(970) 872-4303

FOR NFAA USE ONLY

### APPLICATION FOR FINANCIAL ASSISTANCE

To be eligible for either Plan 1 or Plan 2, you must be a full-time resident within North Fork EMS service area. Eligibility begins July 1, 2019 for a North Fork EMS transport. This benefit only applies to ambulance services provided by North Fork EMS. It does not apply to ambulance services provided by any other providers.

- Step 1 - Please check box by either Plan 1 or Plan 2.
- Step 2 - Please fill out required information completely.
- Step 3 - Please provide a copy of your North Fork Ambulance bill.
- Step 4 - Mail completed application and copy of your bill to: NFAA

c/o Financial Assistance  
PO Box 127  
Hotchkiss, CO 81419

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FINANCIAL ASSISTANCE APPLICATION  
(please print legibly)

- Plan 1 – *for Medicare patients*  
Under this Plan, North Fork Ambulance Auxiliary may, at its discretion, pay 50% or up to \$100 of your Medicare co-pay on the attached North Fork EMS bill.
- Plan 2 – *for under-insured or uninsured*  
Under this Plan, North Fork Ambulance Auxiliary may, at its discretion, pay 50% or up to \$450 of the attached North Fork EMS bill after any insurance payments have been made.

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DATE OF AMBULANCE SERVICE \_\_\_\_\_

AMOUNT OF BILL YOU ARE RESPONSIBLE FOR (after all insurance payments) \$ \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

If all qualifications are met, you will be notified and payment will be sent directly to North Fork EMS on your behalf. Auxiliary reserves the right to amend these terms at any time.