



TOWN OF ULYSSES

10 Elm Street, Trumansburg, NY 14886
ulysses.ny.us

Town Supervisor (607) 387-5767, Ext 232 supervisor@ulysses.ny.us
Town Clerk (607) 387-5767, Ext 221 clerk@ulysses.ny.us

APPLICATION FOR AMBULANCE BILLING FINANCIAL ASSISTANCE

1. Name of patient: _____
2. Name of person responsible for payment: _____
3. Contact Information for person responsible for payment: Phone: _____
Email: _____
4. Date of ambulance service: _____
5. Amount of fee charged: _____
6. If you can pay the full amount but need a payment plan, please propose installments and final payment date: _____
7. Amount of fee you are asking to be waived: _____
8. Do you have insurance? _____
9. If yes, Name and Identification Number: _____
10. Annual Income of person responsible for payment: _____
11. Family size: _____
12. Is your annual income **less than** the amount listed below? Yes _____ No _____

	Household Size								
2015	1 person earns less than	2	3	4	5	6	7	8	For each additional person, add
300% of Poverty Line	\$35,310	\$47,790	\$60,270	\$72,750	\$85,230	\$97,710	\$110,190	\$122,670	\$12,480

13. Please verify the income of the person responsible for payment. Attach 1 of the following:

- Latest State and Federal Tax Returns **OR**
Documentation of eligibility for any (1) one of the following assistance programs:
- Public Assistance, SSI, or Medicaid, Food Stamps OR
 - Free/Reduced School Breakfast and Lunch Program OR
 - Section 8 Housing Subsidy OR Home Energy Assistance Program (HEAP)

14. If you make more than the amount highlighted above and need assistance, explain why paying your share of the fee would be a significant hardship. (Use the back of the form or attach a page)

For information or assistance, contact the EMS Coordinator at (607) 387-7131.