



# Milton Fire - Rescue

*Nicholas Marique  
Chief*

460 WHITE MOUNTAIN HIGHWAY  
PO BOX 588, MILTON, NH 03851  
(603) 652-4201

## Financial Hardship Application

### **Purpose:**

Milton Fire Rescue provides emergency care regardless of a patient's ability to pay. Milton Fire Rescue has established a fee waiver policy in order to provide consistency when assisting patients who request a reduction or fee waiver. Milton Fire Rescue takes into account a patient's income, access to assets, and overall circumstances when assessing the need for financial hardship.

To apply for a fee waiver please complete this form in its entirety. This allows us to best determine how to assist you with your bill. Forms can be returned to:

Milton Fire Rescue  
Attn: Billing Coordinator  
PO BOX 588  
Milton, NH 03851

### **Patient Information**

Patient Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Run # (if known) \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Person Completing Application (if different from patient)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Insurance Information**

Do you have additional insurance coverage that we can bill for the balance due? If so, please provide information below so we can submit a claim on your behalf. **If you have no insurance, please write "Not Applicable" below.**

Insurance Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Payment Plan**

Can you manage a payment plan?  No  Yes

If yes, how much can you afford monthly: \_\_\_\_\_

**Financial Information**

If payment of the balance due will create a financial hardship, please answer the following questions.

Number of family members living in household: \_\_\_\_\_

Annual household income: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Monthly Expenses: \_\_\_\_\_

**Other Circumstances**

If you have other outstanding circumstances that indicate financial hardship please indicate this below. These can be situations such as:

- Excessive medical or other debts** (include copies of bills, statements, late notices, etc)
- Bankruptcy** (include proof)
- Unemployment** (please provide circumstances and length of unemployment)
- Catastrophic situations** such as death or disability in family, divorce or other circumstances. (please provide documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.
- Other situations** any other situation which you feel should be considered. (If possible, please provide documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for basic necessary expenses.

**Other Information**

Provide any additional information that you feel is relevant below. Please attach additional sheets if needed.

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**Signature**

I verify that the information provided is accurate and correct. I authorize Milton Fire Rescue to verify any information contained within this document for the sole purpose of assessing financial need. I undersigned that written verification, when available, may be required to substantiate and verify information contained in the application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name  
(printed): \_\_\_\_\_