



Ambulance Billing
FINANCIAL HARDSHIP APPLICATION

Application Process

The City of Poway will consider a request to modify ambulance billing charges for individuals that are low-income and uninsured or have other extenuating circumstances. An application and independent information is required to support a financial hardship application including verification of expenses and income for individuals. The information submitted will be treated confidentially and will only be reviewed by staff involved in processing requests for modification of charges billed for ambulance services.

The City will consider all income and expenses including money earned in the entire household which may include verification of income such as tax returns, check stubs, verification of employment status, and other income benefits documentation.

Income shall be annualized from the date of request based on documentation provided, and upon verbal information provided by the patient or their designee including consideration of seasonal employment and temporary increases and/or decreases to income.

All information relating to financial hardship requests will be kept confidential.

Time Frame

After an application and verification information is received, the City will consider the overall financial situation of the applicant and then render a decision. All decisions will be made within 15 working days from the time the City receives all required documentation with the application.

Notification of Decision

Applicants will receive a notification as to the final disposition of the request. Any denial of a financial hardship application will include information on the reason the request was not approved and include instructions for reconsideration, if applicable. For example, if additional documentation of financial need is received, the request will be reconsidered.

**PLEASE COMPLETE ATTACHED APPLICATION AND FINANCIAL STATEMENT.
YOUR REQUEST WILL NOT BE PROCESSED UNLESS THE APPLICATION AND
FINANCIAL STATEMENT WITH DOCUMENTATION
IS FULLY COMPLETED AND SIGNED.**

City of Poway
Ambulance Billing
FINANCIAL HARDSHIP APPLICATION

Please complete the application and attach the financial documentation requested. Please return all forms and required documentation to the City of Poway's billing company, Wittman Enterprises at P.O. Box 269110, Sacramento, CA 95670.

Patient Name: _____

Address 1: _____

Address 2: _____

Telephone #: _____

DOB: ____/____/____

Last 4 Digits of SS#: _____

Date of Service: ____/____/____

Run Number: ____/____/____

Incident Number: ____/____/____

Name of Person completing this Application (if different than patient listed above)

_____ Telephone #: _____

Relationship to Patient: _____

NUMBER OF FAMILY MEMBERS (LIVING IN HOUSEHOLD): _____

PLEASE LIST ALL CURRENT EMPLOYERS:

_____ Check Here if UNEMPLOYED. HOW LONG? _____

Employer 1: _____

Address: _____

Contact Person: _____ Telephone: _____

Employer 2: _____

Address: _____

Contact Person: _____ Telephone: _____

MONTHLY HOUSEHOLD INCOME & SOURCE

	Patient	Spouse	Dependents
Monthly Salary (Gross)	\$ _____	\$ _____	\$ _____
Public Assistance Benefits	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other (Alimony, Etc.)	\$ _____	\$ _____	\$ _____

TOTAL MONTHLY HOUSEHOLD INCOME: \$ _____

Household income must fall within the income guidelines based upon the low-income guidelines published by the County of San Diego Housing and Community Development, as of April 2022.

Please mark with an "X" your family's gross income (mark only one box):

Monthly Income No More Than: OR **Annual Income No More Than:**

# of Persons in Home	Monthly Income No More Than:
1	\$6,075
2	\$6,942
3	\$7,808
4	\$8,675
5	\$9,371
6	\$10,067
7	\$10,758
8	\$11,454

# of Persons in Home	Annual Income No More Than:
1	\$72,900
2	\$83,300
3	\$93,700
4	\$104,100
5	\$112,450
6	\$120,800
7	\$129,100
8	\$137,450

Note: To calculate monthly income, weekly incomes should be multiplied by 4.2, and bi-weekly incomes should be multiplied by 2.1.

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE THE CITY OF POWAY TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED.

Signature of Person Making Request

____ / ____ / ____
Date

Printed Name of Person Making Request