



APPLICATION FOR FINANCIAL ASSISTANCE

To be eligible for assistance you must be a full-time resident within the North Fork EMS service area. This benefit only applies to ambulance services provided by North Fork EMS. It does not apply to ambulance services provided by any other providers. Maximum benefit up to \$500 after all insurance payments have been received.

Step 1 – Please fill out the required information below completely.

Step 2 – Please attach a copy of your North Fork Ambulance bill

Step 3 – Mail completed application and copy of your bill to: NFAA
PO Box 127
Hotchkiss, CO 81419

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FINANCIAL ASSISTANCE APPLICATION (please print legibly)

DATE OF AMBULANCE SERVICE _____

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

PATIENT NAME

BIRTH DATE

STREET ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE NUMBER

CELL PHONE NUMBER

PATIENT SIGNATURE

TODAY'S DATE

Maximum benefit up to \$500 after all insurance payments have been received.
If all qualifications are met, you will be notified by phone and payment will be sent directly to North Fork EMS on your behalf. Auxiliary reserve the right to amend these terms at any time

NFAA Financial Assistance 11/12/2020

North Fork Ambulance Auxiliary

“Supporting Emergency Medical Services along with the health and safety needs of our community.”

PO Box 127, Hotchkiss, CO 81419

970-872-4303