



Universal Ambulance

37583 Mound Road
Sterling Heights, MI 48310

Billing@UniversalAmbulance.com
Business Office (586) 939-4350
Fax (586) 939-4445

Ambulance Service Fee – Financial Hardship Waiver & Payment Plan Request Form

**Please include a copy of your (A) billing statement & (B) insurance information when submitting this form.*

Applicant Name:	Patient Name (if different):
Date of Service:	Account #
Requesting: <input type="checkbox"/> Fee Waiver <input type="checkbox"/> Payment Plan	Monthly Payment Request:
Applicant Address:	
Reason for Request:	
Monthly Household Income:	Number of Dependents Living in Household:
Are you on a fixed income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Medicare/Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsible Party (if different from applicant):	
Relationship:	Type of Insurance:
Plan / Policy #	Group #

I do hereby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. By signing this form, I certify that I have no insurance that can be billed for this charge and cannot pay due to financial hardship. I declare that all of the information contained in this document is true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify the billing agency of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the ambulance transport fee.

Signature:	Date:
Printed Name:	

Please send this completed application, your billing statement and insurance information to:

Email to: Billing@UniversalAmbulance.com

Mail to:

Universal Ambulance

37583 Mound Road

Sterling Heights, MI 48310

Or Fax to (586) 939-4445

For Office Use Only:

Name:	Signature:
Run #:	Date Received:
Date of Service:	Claim: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason:	