



CITY OF NEWPORT NEWS FIRE DEPARTMENT

FIRE ADMINISTRATION

610 Thimble Shoals Blvd. • BLDG 500 Ste 5 • Newport News, Virginia 23606

Phone: (757) 975-5422 • Fax: (757) 273-4276



Request for EMS Transport Fee Waiver

NEWPORT NEWS FIRE DEPARTMENT EMS TRANSPORT BILLING PROGRAM

THIS FORM MUST BE SUBMITTED FOR EACH EMS TRANSPORT INCIDENT BILLED

PATIENT NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL#: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ INVOICE #: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ INVOICE #: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ INVOICE #: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ INVOICE #: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ INVOICE #: \_\_\_\_\_

RESPONSIBLE PARTY NAME IF NOT THE PATIENT:

YEARLY HOUSEHOLD (ADJUSTED) GROSS INCOME: \$ \_\_\_\_\_

NUMBER OF DEPENDENTS (NOT INCLUDING YOURSELF): \_\_\_\_\_

\* PLEASE INCLUDE A COPY OF YOUR MOST RECENT FEDERAL OR STATE INCOME TAX RETURN, SNAP (FORMALLY TANF) BENEFIT SUMMARY, OR SSA-1099 (SOCIAL SECURITY BENEFITS STATEMENT). IF A COPY IS ALREADY ON FILE, IT MUST BE LESS THAN ONE YEAR OLD.

EMS transport fee may be waived if the adjusted gross income (as established by your Federal Income Tax Return or similar document) is less the two hundred percent (200%) of the published Federal Poverty rate as established by the United States Department of Health and Human Services. SEE REVERSE ADJUSTED GROSS INCOME LIMITATIONS.

I am applying to Newport News Fire Department to request a waiver of payment for my EMS transport fee. I certify that I have no insurance that can be billed for this charge, that the above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions, please call (757) 975-5423. Please mail completed form and applicable documents to:

NEWPORT NEWS EMS
P.O. BOX 12021
NEWPORT NEWS, VA 23612

ADMINISTRATIVE USE ONLY

Annual Gross Income based on information provided: \$ \_\_\_\_\_

NNEMS Invoice#: \_\_\_\_\_

Approved \_\_\_\_\_

Claim Denied Due to \_\_\_\_\_

Date NNEMS notified: \_\_\_\_\_ Approval: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CITY OF NEWPORT NEWS FIRE DEPARTMENT

## FIRE ADMINISTRATION

610 Thimble Shoals Blvd. • BLDG 500 Ste 5 • Newport News, Virginia  
23606

Phone: (757) 975-5422 • Fax: (757) 273-4276



### 200% of the 2022 HHS Poverty Rate

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$27,180	\$33,980	\$31,260
2	\$36,620	\$45,780	\$42,120
3	\$46,060	\$57,580	\$52,980
4	\$55,500	\$69,380	\$63,840
5	\$64,940	\$81,180	\$74,700
6	\$74,380	\$92,980	\$85,560
7	\$83,820	\$104,780	\$96,420
8	\$93,260	\$116,580	\$107,280
For each additional person, add	\$9,440	\$11,800	\$10,860

**SOURCE:** *Federal Register*, Vol. 87, No. 9, January 12, 2022, pp. 3315-3316