Ambulance Billing
Los Angeles City Fire Department
P.O. Box 102660
Pasadena, CA 91189-2660
(888) 772-3203 for transports on or before October 1, 2023
(833) 532-2238 for transports after October 1, 2023
www.lafd.org/safety/ems-billing-medical-records

REQUEST FOR EMS BILLING LOW INCOME ASSISTANCE

(Official Use Only)
RECEIVED ON:

PATIENT AND ACCOUNT INFORMATION (Required)

***** THIS FORM WILL NOT BE PROCESSED IF INFORMATION IS MISSING OR INCOMPLETE. *****

Full Name (First, Middle, and Last Name)

Street Address Apt. #

City State ZIP Code

Date of Service Account Number

Daytime Phone Alternative Phone

E-mail (if any)

QUALIFICATIONS

Patients transported by ambulance by the Los Angeles City Fire Department may be exempt from payment of fees if they qualify for low-income status pursuant to Los Angeles Administrative Code Section 22.210.2. To receive assistance, patients must demonstrate that they are either currently enrolled in a qualifying Los Angeles Department of Water and Power (LADWP) or Los Angeles County Department of Public Social Services (DPSS) low income program or that their total combined, annual unadjusted household (HH) gross income does not exceed the levels listed below:

LADWP Low Income Household Income Requirements

HH Size	Maximum Combined Annual Gross Income	HH Size	Maximum Combined Annual Gross Income
1-2	$40,880	4	$62,400
3	$51,640	5	$73,160 (+ $10,760 for each person above 5)

GROSS INCOME (unadjusted) = all taxable and non-taxable revenues including but not limited to:

- Salaries / Wages / Tips
- Allowances / Stipends / Gifts
- Grants / Scholarships
- Spousal / Child support
- IRAs / Pensions / Annuities
- Interest / Dividends
- Rental income / Royalties
- Business income
- Social Security benefits
- Veteran benefits
- Disability benefits
- Unemployment benefits

APPLICATION INSTRUCTIONS

Select one of the following options and submit the application **within 45 days of the initial billing date** along with copies of all required supporting documentation. The LAFD will not return any documents submitted.

Option #1 – Current Enrollment in Qualifying LADWP or L.A. County Low Income Program

Select the program the patient is currently enrolled in and submit copies of the supporting documentation. Prequalification only applies to patients currently enrolled in the specific programs listed below.

L.A. County DPSS – Check one and submit a copy of patient's current award letter (Notice of Action).

☐ CalWORKs ☐ CAPI ☐ General Relief ☐ Ability-to-Pay ☐ Refugee Cash Assistance ☐ CalFresh

Option #2 –Proof of Annual Household Gross (Unadjusted) Income Below Maximum Levels

A patient may qualify for low income assistance by demonstrating that their household total combined, annual unadjusted gross income from all revenue sources does not exceed the income levels listed on the reverse side. Provide the following requested information and supporting documentation for all household members:

A. Household Information: No. of Adults_____ + Children_____ = _____ Total Household Size

B. Submit a complete copy of the previous year's federal IRS Income Tax Return for all household members and any person (e.g. parent or guardian) who claims the patient as a dependent. Include all pages (front and back) of all the following required documentation:

1. Federal Income Tax Return form (i.e., Form 1040, 1040EZ, 1040A, etc.)
2. W2s, 1099s, etc. reflecting and matching all income amounts reported on the tax return
3. Attached Schedules (i.e., Schedule A, B, C, D, K1, etc.)

C. If the patient did not file a federal IRS Income Tax Return and is not claimed as a dependent, please provide all the following required documentation:

1. Proof of Financial Support (choose all that apply and submit current supporting documentation)

☐Social Security benefits statement ☐SSI Disability Award Letter ☐ Other
☐Student Loans / Grants / Scholarships ☐Unemployment Benefits Approval Letter

2. IRS Verification of Non-Filing Letter for the previous year*

*To obtain a Verification of Non-filing Letter from the IRS, call 1-800-908-9946 or file a Form 4506-T, available online at https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them.

SUBMISSION REQUIREMENTS AND INSTRUCTIONS

Applications must be filed **within 45 days of the initial billing date.** Mail (do not fax) a complete application and supporting documentation to:

Los Angeles City Fire Department Ambulance Billing
P.O. Box 102660
Pasadena, CA 91189-2660

Untimely or incomplete requests will be denied and no application will be considered if the account is delinquent or has been referred for collections. The Department will review the application and may request additional information before making its determination. Once a determination is made, the decision is final and not subject to further review or appeal. Applicants will be notified of the determination by mail.

PATIENT ACKNOWLEDGEMENT AND SIGNATURE (Required)

I certify under penalties of perjury that the information and supporting documentation provided pursuant to this request is correct and complete. I understand that if I am the recipient of funds as a result of a legal settlement/judgement or insurance payment related to this account, or if I receive the discount without qualifying for it, I will be required to pay back the discount I received.

_____ _____
Patient Signature Date