



**RESCUE INC.**

241 Canal Street, P.O. Box 591  
 Brattleboro, Vermont 05302

## Application for Reduction in Assessed Charges

Rescue Inc. recognizes the fact that the cost of service can sometimes be a hardship on our patients and has, therefore, developed a sliding scale fee reduction schedule for those who are in need of financial assistance. This application is designed to be as simple as possible but if you need help, please call our offices at 802-257-7679. Note that unless you submit an application for reduction of charges within 20 days of receipt of your **first** bill all assessed charges will be subject to our normal collection process as stated in Rescue, Inc. Board Policy.

In addition, if during the process of reviewing your application, it is determined that you may be able to benefit from inclusion in a government sponsored health care program, we may contact a representative of that program and request that they contact you. This applies to VT and NH residents only. We do this service for you in hopes that you will benefit from coverage you may not realize is available. By signing this application you are permitting us to do so. We will not reveal any medical information; only make reference to the financial information we have received.

Sliding scale consideration is only applicable to self-pays, (no insurance at all), individuals with high deductible insurance, and individuals whose insurance has rejected our request for payment on their behalf. **If the charges were the result of an automobile accident we will require proof that you have submitted the bill to your auto insurance company or the auto insurance company of the party at fault and that the claim was rejected** before considering your request.

Supporting documentation must be sent with this application. Please see the list of necessary documents on the reverse.

Below is the sliding scale chart that is applied to *all* individuals. Our reduction schedule is income based only.

<b>ANNUAL INCOME LEVEL</b>						
<b>April 1, 2009</b>						
Family Size	Class 6	Class 5	Class 4	Class 3	Class 2	Class 1
	PAYS 0%	PAYS 10%	PAYS 20%	PAYS 40%	PAYS 60%	PAYS 100%
1	\$0 - \$10,830	\$10,831 - \$13,430	\$13,431 - \$16,030	\$16,031 - \$18,630	\$18,631 - \$21,230	\$21,230 UP
2	\$0 - \$14,570	\$14,571 - \$18,070	\$18,071 - \$21,570	\$21,571 - \$25,070	\$25,071 - \$28,570	\$28,571 - UP
3	\$0 - \$18,310	\$18,311 - \$22,710	\$22,711 - \$27,110	\$27,111 - \$31,510	\$31,511 - \$35,910	\$35,911 UP
4	\$0 - \$22,050	\$21,201 - \$27,349	\$27,350 - \$32,649	\$32,650 - \$37,949	\$37,950 - \$43,249	\$43,250 - UP
5	\$0 - \$25,790	\$25,791 - \$31,990	\$31,991 - \$38,190	\$38,191 - \$44,390	\$44,391 - \$50,590	\$50,591 - UP
6	\$0 - \$29,530	\$29,531 - \$36,630	\$36,631 - \$43,730	\$43,731 - \$50,830	\$50,831 - \$57,930	\$57,931 - UP
7	\$0 - \$33,270	\$33,271 - \$41,270	\$41,271 - \$49,270	\$49,271 - \$57,270	\$57,271 - \$65,270	\$65,271 UP
8	\$0 - \$37,010	\$37,011 - \$45,910	\$45,911 - \$54,810	\$54,811 - \$63,710	\$63,711 - \$72,610	\$72,611 - UP

NOTE: For family units of more than 8 members, add \$3,600 for each additional member.

## Rescue Inc. Application for Reduction in Assessed Charges

Patient Name:		Social Security Number:
Patient Street Address:		
City:	State:	ZIP:
Date Of Birth:	Work Phone #:	Home Phone #:
Current Employer:		
Employer's Address:		

### If you have Medical Insurance, Medicaid, or Medicare

Insurance Name:		
Insurance Address:		
Subscriber:	Group#:	Certificate#:

**Please submit the following with the application:**

- A copy of your insurance, Medicare or Medicaid Card if you have insurance.
- A copy of your most recently signed and filed 1040 form if you are single or are married filing jointly. If you are married and filing separately, a copy of your *and your spouse's* most recent 1040 forms.
- If this was an auto accident related claim, a copy of the rejection letter you received from the auto insurance company.

If your circumstances have changed since you last filed your taxes and/or there are extenuating circumstances that you wish us to consider, please indicate those below. If necessary, you may use another sheet of paper.


In making this application for a reduction in the charges assessed to me by Rescue, Inc., I understand that filing the application does not guarantee that those reductions will occur. I also understand that Rescue Inc. may contact my employer(s) or other individuals in order to verify the information provided in this application.

If my application is approved, I will be sent a revised bill with the new charges and, if necessary, I can contact Rescue and establish a method of paying those charges over time.

By signing this application for financial relief I am agreeing to let Rescue personnel contact a Governmental agency if it is determined that there may be a Government sponsored health program available to me.

Signed \_\_\_\_\_ Date \_\_\_\_\_