



RESCUE INC

541 Canal Street Brattleboro, VT
6911 VT Rte 30 West Townshend, VT

Administrative Offices
(802) 257-7679
office@rescueinc.org
www.rescueinc.org

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 office at 802-257-7679. Note that unless you submit an application for reduction of charges within 90 days of receipt of your first bill, all assessed charges will be subject to our normal collection process.

Sliding scale consideration is only applicable to self-pay, (no insurance at all), individuals with high deductible insurance, and individuals whose insurance has denied our bill. 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. Financial Assistance is limited to emergency and medically necessary services.

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

Please mail copies (originals cannot be returned) to the following address:

Rescue Inc
Attn: Business Office
541 Canal Street
Brattleboro, VT 05301

ANNUAL INCOME LEVEL					
2025					
Family Size	Pays 0%	Pays 25%	Pays 50%	Pays 70%	Pays 100%
1	\$0 - \$39,125	\$39,126 - \$46,950	\$46,951 - \$54,775	\$54,776 - \$62,600	\$62,601 - UP
2	\$0 - \$52,875	\$52,876 - \$63,450	\$63,451 - \$74,025	\$74,026 - \$84,600	\$84,601 - UP
3	\$0 - \$66,625	\$66,626 - \$79,950	\$79,951 - \$93,275	\$93,276 - \$106,600	\$106,601 - UP
4	\$0 - \$80,375	\$80,376 - \$96,450	\$96,451 - \$112,525	\$112,526 - \$128,600	\$128,601 - UP
5	\$0 - \$94,125	\$94,126 - \$112,950	\$112,951 - \$131,775	\$131,776 - \$151,025	\$151,026 - UP
6	\$0 - \$107,875	\$107,876 - \$129,450	\$129,451 - \$151,025	\$151,026 - \$172,600	\$172,601 - UP
7	\$0 - \$121,625	\$121,626 - \$145,950	\$145,951 - \$170,275	\$170,276 - \$194,600	\$194,601 - UP
8	\$0 - \$135,375	\$135,376 - \$162,450	\$162,451 - \$189,525	\$189,526 - \$216,600	\$216,601 - UP
Over 8	+ \$13,750 each	+ \$16,500 each	+ \$19,250 each	+ \$22,000 each	Over 8

Rescue Inc. is tax exempt under section 501 (c) (3) of the Internal Revenue Code.



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Patient Name:	Social Security Number:	
Date(s) of Service:	Total Amount Owed:	
Patient Street Address:		
City:	State:	Zip:
Date of Birth:	Phone #:	
Date (or dates if applicable) of Service by Rescue Inc:		
*Family Size:		
Current Employer:		
Employer's Address:		

***Family Size is defined as** the number of people living in a **single household** who are financially dependent on each other. Should match dependents on tax returns if filed.

Do you have insurance? If so, provide the following information:

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

Please submit the following with the application (required):

- A copy of your insurance card(s) if you have insurance
- A copy of your most recently signed and filed federal tax return 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.
- A current pay stub for all working parties in the household, or a social security statement to verify income or other proof of income
- If this was an auto accident-related claim, a copy of the rejection letter you received from the auto insurance company.

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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.

Signed _____

Date _____