Rescue Inc Financial Assistance/Charitable Care Application

Rescue Inc recognizes that the cost of emergency medical services can sometimes create a financial hardship for our patients, has established a Financial Assistance/Charitable Care Program that may reduce eligible patient balances based on household income, family size, and individual financial circumstances.
We encourage patients to apply for financial assistance within 90 days of receiving their first bill. Accounts may continue through Rescue Inc's normal billing and collection process while an application is pending.
Applications received after 90 days may still be considered based on the patient's circumstances and the status of the account.
If financial assistance is approved, eligible charges will be adjusted accordingly.
If you need assistance completing the application or additional time to provide the required documentation, please contact our office at 802-257-7679.

Eligibility for Financial Assistance
Financial assistance may be available to uninsured patients and to insured patients who have a remaining financial responsibility after available insurance or other third-party coverage has been billed or pursued. This may include deductibles, coinsurance, or other patient-responsibility amounts.
Patients are expected to cooperate with reasonable efforts to obtain payment from available insurance, automobile insurance, workers' compensation, or other responsible third parties before financial assistance is applied. For charges resulting from an automobile accident, Rescue Inc may require documentation showing that available automobile insurance has been billed or pursued.
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 2026					
Family Size	Pays 0%	Pays 25%	Pays 50%	Pays 70%	Pays 100%
1	$0 - $39,900	$39,901 - $47,880	$47,881 - $55,860	$55,861 - $63,840	$63,841+
2	$0 - $54,100	$54,101–$64,920	$64,921- $75,740	$75,741- $86,560	$86,561+
3	$0 - $68,300	$68,301–$81,960	$81,961- $95,620	$95,621- $109,280	$109,281+
4	$0 - $82,500	$82,501–$99,000	$99,001- $115,500	$115,501- $132,000	$132,001+
5	$0 - $96,700	$96,701–$116,040	$116,041- $135,380	$135,381- $154,720	$154,721+
6	$0 - $110,900	$110,901–$133,080	$133,081- $155,260	$155,261- $177,440	$177,441+
7	$0 - $125,100	$125,101- $150,120	$150,121- $175,140	$175,141- $200,160	$200,161+
8	$0 - $139,300	$139,301- $167,160	$167,161- $195,020	$195,021- $222,880	$222,881+
Over 8	+$14,200each	+ $17,040 each	+ $19,880 each	+ $22,720 each	

Based on the 2026 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia.

Rescue Inc. Financial Assistance/Charitable Care Application

Patient Name:		Social Security Number:
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.

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 applicable.
- Your most recently filed federal income tax return, if available.
- Current income documentation for household members whose income is being considered, such as recent pay stubs, Social Security or pension statements, unemployment or disability benefit statements, or other documentation of income.

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_____