



## City of Poquoson Fire/Rescue

830 Poquoson Avenue, Poquoson, Virginia 23662  
(757) 868-3510      Fax (757) 868-3514

### Revenue Recovery Program

#### COMPASSIONATE BILLING CERTIFICATION FORM

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Responsible Party (If not the same as Applicant): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address (If different than Applicant): \_\_\_\_\_

In accordance with the Compassionate Billing Policy adopted by the City Council of the City of Poquoson, I hereby attest and affirm the following responses to be true and accurate to the best of my knowledge:

1. The applicant is a resident of the City of Poquoson.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. The responsible party is a resident of the City of Poquoson.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. The applicant owns real estate in the City of Poquoson.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. The responsible party owns real estate in the City of Poquoson.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. The applicant pays personal property taxes in the City of Poquoson.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. The responsible party pays personal property taxes in the City of Poquoson.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. The applicant is covered under a health insurance plan either as the insured or a dependent of the insured.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. The applicant is elderly or disabled and qualifies for real estate tax relief pursuant to City of Poquoson ordinance.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. The responsible party is elderly or disabled and qualifies for real estate tax relief pursuant to City of Poquoson ordinance.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. The combined family income of the applicant is less than \$100,000 annually.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. The combined family income of the responsible party is less than \$100,000 annually.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby request that I, as either the applicant or responsible party for the above-named applicant, be considered for a reduction in my payment responsibilities for EMS services. I understand that I will be held liable for any false statements made herein. I agree to notify the City of Poquoson of any change in the status of the applicant or the responsible party that may affect their qualification for reduction in payment responsibility.

Signature of: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant     Responsible Party

If you have any questions, please call (757) 868-3510

Please mail completed form to:

Poquoson Fire and Rescue  
830 Poquoson Avenue  
Poquoson, VA 23662

#### ADMINISTRATIVE USE ONLY

Incident #: \_\_\_\_\_

EMSMC Invoice #: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Date Received: \_\_\_\_\_

Claim Approved/Denied (Reason): \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date EMSMC Notified: \_\_\_\_\_

Date: \_\_\_\_\_

(Form updated 01/2019)