



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): _____	
Date EMSMC Notified: _____	Approval Signature: _____
(Form updated 01/2019)	Date: _____