

City of Charlottesville
Charlottesville Fire Department
Charlottesville-Albemarle Rescue Squad

480 Bedford RD, Bld 600
Chappaqua, NY 10512
914-741-1919
Fax: 888- 972-9641 Att: Fran
Email: emsbilling@charlottesville.org

Application for **City of Charlottesville** Hardship Program

Date: _____

Patient Name: _____

Address: _____

Phone: _____

Date of Service/Account Number: _____

Please help us assist you in determining your eligibility for a hardship adjustment for your outstanding ambulance bill.

1. How many people are in your family unit? _____
2. What is your household's monthly income? _____

Please provide proof of income (i.e.: pay stub or tax return)

I understand this application is not a guarantee for an approval and all information is subject to verification.

I certify the above information is true.

Signature: _____ Date: _____

Print Name: _____

Upon completion of this form, it may be scanned and emailed to:
emsbilling@charlottesville.org