Noblesville Fire Department
135 South 9th Street
Noblesville, IN 46060

Dear Patient:

In order to assist us in making a decision as to whether you qualify for financial assistance on your outstanding balance, please provide our office with an overview of your finances. Please complete and return the enclosed application along with the supporting documentation to the address listed above or fax it to 317-770-2096. Please make additional comments about your financial situation on a separate sheet of paper.

SUPPORTING DOCUMENTATION - PLEASE CHOOSE ONE OF THE FOLLOWING:

1. A signed copy of your most recent Tax Return submitted to the IRS.

OR

2. A copy of all household income for the past three months (i.e., pay stubs, Social Security payments, Government assistance, child support, etc.).

Please eliminate all social security numbers on the documentation provided.

If you should have any questions while completing the application, please contact us at 317-770-1419.

Thank you,

EMS Billing Department
Noblesville Fire Department

Application for Financial Hardship

1. Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

2. Household Information

Number of adults living in household: _____ Ages: _____

Number of children in household: _____ Ages: _____

Does the patient receive any of the following benefits:

Medicaid ☐ currently
TANF ☐ currently
Food Stamps ☐ currently
Hoosier Healthwise ☐ currently
Other Assistance (please list): _____

3. Monthly Income Information (per household):

Employment Income: $_____

Government Assistance: $_____

Child Support: $_____

Social Security: $_____

Retirement: $_____

Other Income: $_____ Source: _____

Total Monthly Household Income: $_____

I understand that by signing below, I agree that the information submitted on this application is current, true, and accurate. Any misleading or false information can disqualify me from approval for financial hardship. If approved for financial hardship, I agree to the payment terms as outlined in the EMS Billing Hardship Policy.

Signature: _____ **Date:** _____

Noblesville Fire Department
EMS Billing Hardship Policy

Persons requesting financial assistance must complete a Hardship Application to be considered for financial assistance. All requested documentation (as listed on the Application) must accompany the Application for the responsible party to be considered for the Hardship Program.

A. To qualify, the responsible party must meet one of the following requirements:
   1. Using the current year Federal Poverty Guidelines, the total household income is not more than 100% above the current Federal Poverty level.
      i. If the total household income is above 100% of the current year's Poverty Guidelines, the responsible party and/or patient will not be eligible for financial assistance.
   2. The responsible party is currently receiving government benefits including Medicaid, TANF, Food Stamps, Disability Assistance, and/or Hoosier Healthwise.

B. Extended Payment Plan
   1. Under the extended payment plan, the total balance due will be divided into monthly payments as follows:

Total Amount of Bill	Minimum Payment per Month	Maximum Payoff Time
$0-$100	$30.00	4 Months
$101-$200	$30.00	7 Months
$201-$300	$30.00	10 Months
$301-$400	$30.00	14 Months
$401-$500	$30.00	17 Months
$501-$600	$30.00	20 Months
$601-$700	$30.00	24 Months
$701-$800	$30.00	27 Months
$801-$900	$30.00	30 Months
$901-$1000	$30.00	34 Months

2. If the responsible party does not pay the minimum monthly payment, the Agreement will be void and collection efforts will continue. If the responsible party has not paid the full balance in the time allotted, the Agreement will be void and collection efforts will continue.

3. Applicants approved for financial hardship will remain in the hardship program for one year after all accounts are paid in full.

2025 Poverty Level Guidelines
All States (except Alaska and Hawaii) and DC
Income Guidelines as Published in the Federal Register

Annual Guidelines					
Family Size	100% Poverty	125%	150%	175%	200%
1	15650.00	19562.50	23475.00	27387.50	31300.00
2	21150.00	26437.50	31725.00	37012.50	42300.00
3	26650.00	33312.50	39975.00	46637.50	53300.00
4	32150.00	40187.50	48225.00	56262.50	64300.00
5	37650.00	47062.50	56475.00	65887.50	75300.00
6	43150.00	53937.50	64725.00	75512.50	86300.00
7	48650.00	60812.50	72975.00	85137.50	97300.00
8	54150.00	67687.50	81225.00	94762.50	108300.00

*Family Units of more than 8 members, 5500.00 for each additional person

Monthly Guidelines					
Family Size	100% Poverty	125%	150%	175%	200%
1	1304.17	1630.21	1956.25	2282.29	2608.33
2	1762.50	2203.13	2643.75	3084.38	3525.00
3	2220.83	2776.04	3331.25	3886.46	4441.67
4	2679.17	3348.96	4018.75	4688.54	5358.33
5	3137.50	3921.88	4706.25	5490.63	6275.00
6	3595.83	4494.79	5393.75	6292.71	7191.67
7	4054.17	5067.71	6081.25	7094.79	8108.33
8	4512.50	5640.63	6768.75	7896.88	9025.00