Marysville Fire District
1635 Grove Street · Marysville, WA 98270
Phone: 360-363-8500 Fax: 360-659-1382
www.marysvillefiredistrict.com

Individual Written Notice of Charity Care

It is the policy of Marysville Fire District that no person will be denied needed emergency medical care because of an inability to pay for such services.

Marysville Fire District will provide needed emergency services without charge or at a reduced charge and without discrimination to those persons with no or inadequate means to pay for needed care.

To be eligible to receive needed ambulance services without charge or at a reduced charge, you or your family income must be at or below the following annual levels:

Family Size	100% Charity	75% Charity	50% Charity	25% Charity
1	$15,650	$19,563	$23,475	$27,388
2	$21,150	$26,438	$31,725	$37,013
3	$26,650	$33,313	$39,975	$46,638
4	$32,150	$40,188	$48,225	$56,263
5	$37,650	$47,063	$56,475	$65,888
6	$43,150	$53,938	$64,725	$75,513
7	$48,650	$60,813	$72,975	$85,138
8	$54,150	$67,688	$81,225	$94,763
For each additional family member:				
Add	$5,500	$6,875	$8,250	$9,625

If you think you may be eligible for Charity Care, please complete the application for Charity Care on the reverse side of this page and send it, **along with your most recent tax return (form 1040) or grant of "hospital charity" to:**

Marysville Fire District
Attn: Ambulance Billing / Notice of Charity Care
P.O. Box 3510
Silverdale, WA 98383-3510

You will be notified of any reduction in your bill when Marysville Fire District has reviewed your application.

Patient	
Name:	
Date of Service:	
Transported To:	

Responsible Party	
Name:	
Mailing Address:	
Relationship:	
Phone Number:	
Current Employer:	
Employed From:	
Previous Employer:	
Spouse Employer:	
Employed From:	
Previous Employer:	

Income	**Family Member**	**Family Member**	**Family Member**	**Family Member**
Name:				
Relationship:				
Wages:				
Self Employment:				
Public Assistance:				
Social Security:				
Unemployment:				
Worker's Comp:				
Alimony:				
Child Support:				
Pension/Retirement:				
Dividend Income:				
Rental Prop. Income:				
Other Income (Detail):				
Total Income:				

Use this space to explain any additional information that may impact our decision.

The above information is true and correct to the best of my knowledge. I authorize Marysville Fire District to verify for the purpose of charity care eligibility determination.

_____ _____ _____

Signature (Patient or Responsible Party) Date Family Size

Current Account Balance	**Adjustment by MFD**	**New Balance**

_____ _____

Signature (Fire District) Date