



# British Columbia Ambulance Service

# APPLICATION FOR FEE REMISSION DUE TO FINANCIAL HARDSHIP

Please provide the Ambulance Invoice Reference Number of the invoice(s) for which you are seeking fee remission:

AMBULANCE INVOICE REFERENCE NUMBER

AMBULANCE INVOICE REFERENCE NUMBER

## APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME  APPLICANT LEGAL FIRST NAME  APPLICANT LEGAL SECOND NAME

PERSONAL HEALTH (CARECARD) NUMBER  BIRTHDATE (YYYY / MM / DD)  DAYTIME TELEPHONE NUMBER

APT / UNIT  STREET NUMBER  STREET NAME

CITY  PROVINCE  POSTAL CODE

## FINANCIAL INFORMATION

*You must file your income tax return by April 30 each year.*

**TAX YEAR**  This information is from my income tax return for the tax year

**NET INCOME**

Enter your net income (from your income tax return or Notice of Assessment) \$  1  
*Note: If net income is a negative number (e.g. - \$2,300.00), enter 0*

Enter the net income of your spouse \$  2  
*Note: If net income is a negative number (e.g. - \$2,300.00), enter 0*

TOTAL NET INCOME (add lines 1 and 2) \$  3

**CHILDREN**  
*Claim \$3,000 for each child claimed as a dependant on your income tax return.*

**DISABILITY**  
*If you claimed a disability on your income tax return for yourself, your spouse or child, claim \$3,000 for each disabled person.*

**DEDUCTIONS ALLOWED BY THE BC AMBULANCE SERVICE**

SPOUSE - claim \$3,000 \$  4

If you are 65 or older this year, claim \$3,000 \$  5

If your spouse is 65 or older this year, claim \$3,000 \$  6

CHILDREN  x \$3,000 = \$  7  
number of children

DISABILITY  x \$3,000 = \$  8  
number of disabled

TOTAL DEDUCTIONS (add lines 4 to 8) \$  9

**ADJUSTED NET INCOME**  
*is net income from your income tax return minus above deductions allowed by BCAS.*

**ADJUSTED NET INCOME**

ADJUSTED NET INCOME (subtract line 9 from line 3) \$  10

**AMBULANCE FEE REMISSION**

A fee charged for ambulance service may only be remised pursuant to the *Financial Administration Act*, Health Emergency Act Remission Regulation. The Regulation enables remission of the ambulance fee when another person or an insurer refuses to pay the fee as a result of a delay in issuing the initial invoice and this refusal to pay creates a great hardship for the patient.

The Remission Regulation includes two provisions for invoicing delays. The delay must be either greater than 12 months from the date service was provided, or the delay must result in an insurer refusing to pay. When either of these circumstances apply the fee can be remised only if imposing the fee would cause great hardship for the patient. You satisfy the great hardship requirement of the Regulation if your adjusted net income (line 10) is less than \$30,000.

**DECLARATION AND CONSENT - MUST BE SIGNED**

**Please read and sign. If you are married or living and cohabiting in a marriage-like relationship, your spouse must also sign.**

The information obtained will be relevant to and used solely for the purpose of determining and verifying your financial hardship application for ambulance fee remission and will not be disclosed to any other party.

Please mark this box (  ) if someone has Power of Attorney or another legal representation agreement and is signing on your behalf, and include a copy of the agreement with your application.

APPLICANT SIGNATURE	SPOUSE SIGNATURE	DATE SIGNED (YYYY / MM / DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
APPLICANT FIRST INITIAL AND LAST NAME	SPOUSE FIRST INITIAL AND LAST NAME	
<input type="text"/>	<input type="text"/>	

**Along with the completed and signed Application for Fee Remission due to Financial Hardship form, please provide:**

- a copy of applicant's (and spouse's, if applicable) most recent Canada Revenue Agency Notice of Assessment
- other documents that you feel may support your claim of financial hardship
- if someone has Power of Attorney or another legal representation agreement and is signing on your behalf, include a copy of the agreement

**Send to:**

BC Ambulance Service - Ambulance Billing  
PO Box 9676 Stn Prov Govt  
Victoria BC V8W 9P7

Tel: (Victoria) 250.356.0052  
(Toll Free) 1.800.665.7199  
Fax: 250.356.1383  
Web: www.bcas.ca

The personal information requested on this form is collected under the authority of the *Financial Administration Act* for the purpose of administering the Health Emergency Act Remission Regulation and is subject to the *Freedom of Information and Protection of Privacy Act*. Questions about the collection or use of this information can be directed to the BC Ambulance Service.