

**TIOGA FIRE DEPARTMENT/AMBULANCE SERVICE
UNCOMPENSATED CARE PLAN
CALENDER YEAR 2009**

The Tioga Fire Department/Ambulance Service will make available, uncompensated care to those individuals meeting the poverty guidelines, as outlined in the Department of Human Services income guidelines published in the Federal Register. The Tioga Fire Department/Ambulance Service will grant uncompensated care to those individuals who qualify with the income guidelines and also meet the requirements listed below:

1. All services offered by the Tioga Fire Department/Ambulance Service are available to those persons who qualify. **To qualify for uncompensated care, the applicant must first exhaust all forms of reimbursement, private insurances and governmental programs.**
2. Uncompensated care will be made available on a **first come, first serve basis and on a need basis.**
3. The allocation plan will cover those individuals meeting the poverty guidelines.
4. The Tioga Fire Department/Ambulance Service will provide uncompensated services without discrimination to persons who are eligible for services and who request uncompensated services in a proper manner.
5. **Applications will be made on Form A, which must be completed in its entirety and submitted with copies of one or more of the following documentation in descending order of desirability.**
 - a. A written release or oral verification of wage information from his/her employer.
 - b. Pay stubs showing monthly or yearly earnings.
 - c. Oral verification from public welfare agencies.
 - d. Unemployment Compensation or Worker's Compensation benefit forms.
 - e. W-2 withholding forms.
 - f. Income tax returns from prior year.
6. The Tioga Fire Department/Ambulance Service will render a determination of eligibility within a reasonable time frame.
7. Information supplied on Form A regarding patient income and family size will be kept strictly confidential and will not be available for public inspection.

To be eligible to receive uncompensated care, your family income must be at or below the following levels:

SIZE OF FAMILY	INCOME LEVEL
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

For family units with more than 8 members, add \$3,740 for each additional member

If you think you may be eligible for uncompensated care, you may request an application by writing to:

Tioga Fire Department/Ambulance Service
PO Box 451
Tioga ND 58852-0451