

## Income Verification

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Patients or the responsible party must verify the income reported on the Discount Application.

a. Income indicators – by the provision of third party financial documentation which may include but is no limited to IRS FORM W-2, Wage and Tax Statement, Pay Check Stub/Remittance, most recently filed Individual Tax Returns, Bank statements, Social Security payment remittances, Unemployment Insurance Payment Notices or Unemployment Compensation Determination Letters.

b. Participation in a Public Benefit Program – by the provision of documentation showing current participation in a public benefit program such as Medicaid, County Indigent Health Program, AFDC, Food

Stamps, WIC, Texas Healthy Kids, Children's Health Insurance Program, or other similar indigence related programs.

## Application Approval Process

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EMS Billing will work with all uninsured and underinsured patients to determine eligibility for financial assistance. Patients will be notified by mail of eligibility for financial assistance once the Discount Application has been reviewed and processed.

## Notification by Mail

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a. A Discount Program explanation letter with the Discount Application will be mailed for completion

b. Instructions on how to complete the application will be included in the explanation letter

c. The application must be returned to ATCEMS within 45 days from the date the application is sent to the patient

In the event that a patient does not qualify for the Discount Program and the patient is responsible for a balance they cannot pay in full immediately, the Billing Staff will work with the patient to establish a payment plan.

## Discount Program Length of Coverage

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1. Approved Discount Program applications remain valid for 90 days after the date of approval.

2. Any ground transports provided within the 90 days of approval can qualify for the discount program without completing a new Discount Program Application

3. Any ground transports provided after the 91st day of approval in the Discount Program will require the requestor to submit a new application and supporting documentation for review and processing

## CONTACT INFORMATION

For further information and application please go to:

**ATCEMS.org**

or

Contact an ATCEMS Representative at:

**512-972-7210**

ATCEMS Billing Office Hours are  
Monday-Friday 9:00 a.m. – 4:00 p.m.

# AUSTIN TRAVIS COUNTY EMS DISCOUNT PROGRAM



The City of Austin Emergency Medical Services Discount Program is designed to provide financial assistance to patients who are uninsured, underinsured, unable to pay based on their current financial situation and ineligible for support from applicable government healthcare benefit program(s).

Services eligible under this program will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination.

### Who may qualify for the Discount Program?

The Discount program is for individuals who are uninsured or underinsured. Individuals may qualify as financially or medically indigent (financially challenged).



### Program Eligibility

Determination of eligibility for the Discount Program will be based on:

- a. Transported patient's or guarantor's income level as supported by current pay stubs, most recently filed income tax return or other documentation verifying income.
- b. A transported patient/guarantor may receive a percentage write-off of the base rate charges if the Adjusted Gross Income (AGI) based on the following:
  - i. A 100% write-off if the AGI falls below the 125% level,
  - ii. A 75% write-off if the AGI falls below the 150% level,
  - iii. A 50% write-off if the AGI falls below the 175% level,
  - iv. A 25% write-off if the AGI falls below the 200% level.
- c. A transported patient/guarantor may receive a 50% write-off of the base rate charges as medically indigent (or financially challenged) based on the following:
  - i. Individual has healthcare insurance,
  - ii. After payment by third-party payers, ATCEMS bills exceed ten percent (10%) of the patient's AGI,
  - iii. Family/household income is less than or equal to 500 percent of the FPL.

The City shall provide hardship assistance with no obligation to pay for ambulance transport services to those uninsured patients who meet one of the following criteria:

- a. Homeless
- b. Patient is deceased with no known estate

### Discount Application Procedure

In order to qualify for the Discount Program, the patient/guarantor must complete the ATCEMS Discount Application.

The patient and/or guarantor requesting financial assistance must verify the number of family members in their household. For the purposes of this program family member and in adherence to the Census Bureau, a family is a group of two or more people who reside together and are related by birth, marriage or adoption. In accordance with the Internal Revenue Service rules, if a patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

The patient and/or guarantor must provide proof of the annual household income. In accordance with the Census Bureau, ATCEMS will use the following guidelines to determine program eligibility:

- a. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources,
- b. Determined on a before-tax basis,
- c. Excludes capital gains or losses,
- d. Excludes noncash benefits – such as food stamps and housing subsidies, and e. If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).