

## **HOOKSETT AMBULANCE SERVICE COLLECTION POLICY**

1. The Town of Hooksett / Hooksett Fire-Rescue Department intends to charge for all transported users or responsible parties that receive emergency ambulance services.
2. The Town of Hooksett Town Council and Hooksett Fire-Rescue will address patient concerns related to patient payment of ambulance service billable fees.
  - a. An Ambulance Service Appeals Review (aka Hardship Review) shall be maintained for those patients who feel the fee for the ambulance service causes an undue financial hardship. The review process will consist of a representative from the Fire department and the Town Administrator. Recommendations from this review shall be forwarded to the Town Council for final approval.
  - b. Any patient transported by the department who believes that the fees cause an undue hardship shall be informed by the Town's Ambulance Billing Agency that the Ambulance Service Appeals Review exists and that they may make application for consideration for a waiver of the fees or a payment plan for the fees. The patient shall have one hundred and twenty (120) calendar days to make application to the Town from the date of service, excluding any hospitalization days.

- c. The Ambulance Service Appeals Review group shall meet at mutually agreed times and dates as necessary to discuss these hardships. A majority vote of the group shall decide all cases. If the patient is absolved of any or all parts of the obligation to pay the fee, Hooksett shall consider the outstanding debt as a loss. If the group and the town council rule that the patient should pay the fees, the Town of Hooksett shall be permitted to collect all fees by all means allowed by law.

**AUTHORIZING SIGNATURES:**

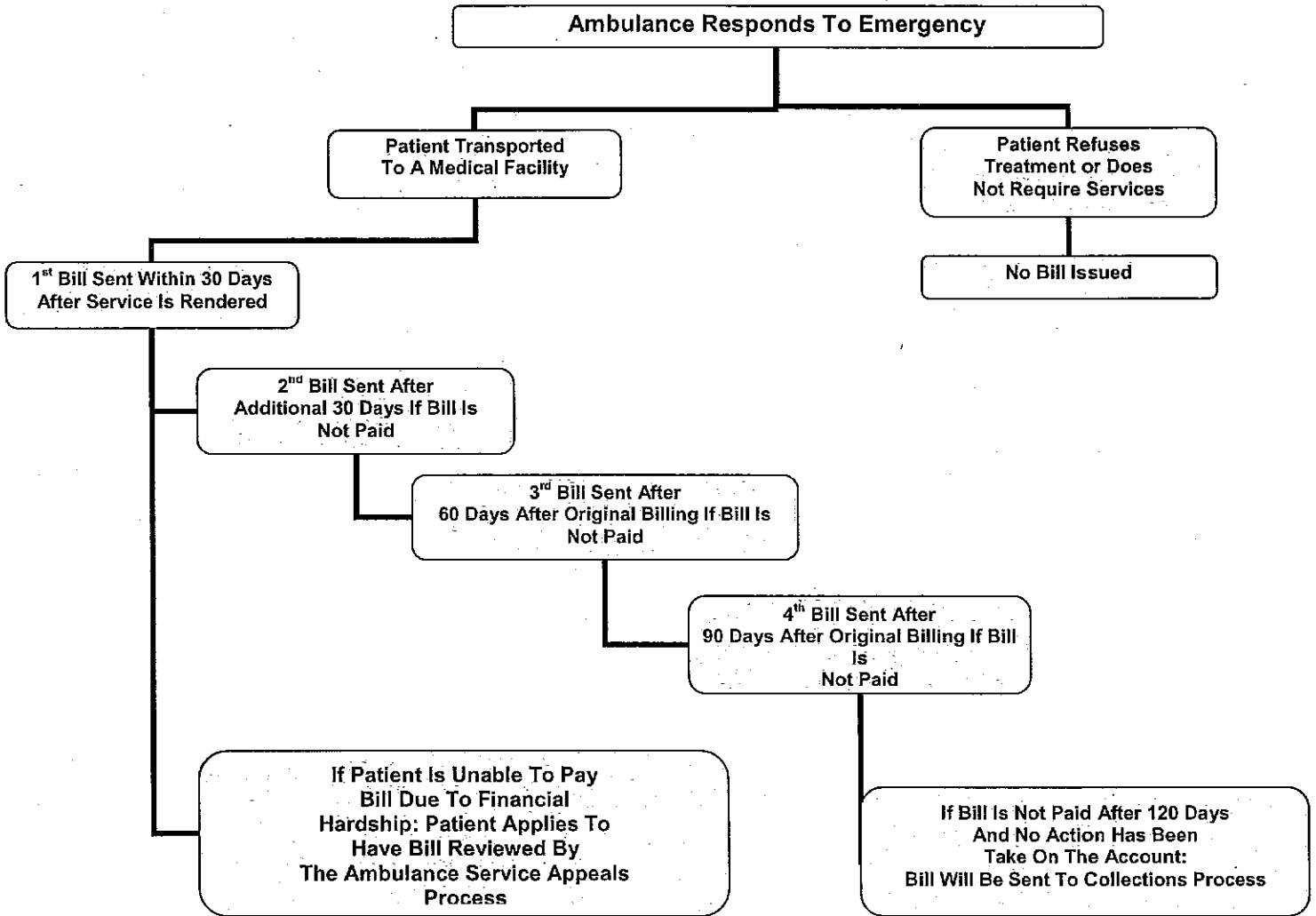
The Ambulance Service Collection Policy shall be in effect as of the following date and supersede any / all previous established ambulance fee collection policy:

Date: 5/27/10

**HOOKSETT TOWN COUNCIL**

  
William Gahara, Chairman

**PATIENT BILLING / COLLECTION PROCESS:**



## WRITE OFF CRITERIA / POLICY

Ambulance service hardship applications (see Attachment A) can be requested by any patient that has been transported by the Hooksett Fire-Rescue Department and feels he/she cannot financially cover the costs for ambulance services rendered. The Town of Hooksett / Hooksett Fire-Rescue Department shall establish Hardship criteria annually based upon the nationally recognized poverty income levels (based on family size). The person(s) requesting the Town of Hooksett to cancel any ambulance charges must show proof of income (i.e. financial statements, copy of latest tax return, payroll stubs) or special circumstances making it impossible to pay for any charges. Currently, the Town of Hooksett / Hooksett Fire-Rescue Department utilizes the following income criteria to determine eligibility to cancel any or all ambulance charges:

<b>Family Size</b>	<b>Annual Income</b>
1	\$ 10,830.00
2	\$ 14,570.00
3	\$ 18,310.00
4	\$ 22,050.00
5	\$ 25,790.00
6	\$ 29,530.00
7	\$ 33,270.00
8	\$ 37,010.00
Each additional person	Add \$ 3,740.00

The Town of Hooksett / Hooksett Fire-Rescue Department may exercise its right to reduce the ambulance charges based on the information submitted through the Hardship process or establish a monthly payment plan (see Attachment B) to resolve any charges due the Town of Hooksett by the patient(s).

The Town of Hooksett / Hooksett Fire-Rescue Department may also negotiate with payors a settlement charge to resolve any or all debts owed the Town of Hooksett / Hooksett Fire-Rescue Department due from ambulance charges.

The Hooksett Fire Chief shall forward all write off / settlement recommendations to the Town Council for final approval. The Hooksett Town Council reserves the right to reduce or write-off ambulances charges as deemed appropriate by the Hooksett Town Council.

#### **COLLECTION PROCESS:**

The Town of Hooksett may exercise the right to send delinquent patient accounts to a contracted collection agency. Eligible patient accounts are those that have not been paid in full greater than 120 days from the time of service. This process will commence after review and approval by the Fire Chief and the Town Council. The account(s) information will be sent to the contracted agency for processing.

Collection Agency actions may include the following:

- Telephone and written notification to the patient (or responsible party) of the collection activity on the account.
- Reporting to the Credit Bureau (Equifax and Trans Union), after written 2<sup>nd</sup> written notification and a 35-day opportunity to pay the account.
- If all efforts fail to collect on any delinquent accounts, a decision will be made whether further action is necessary (i.e. legal action, additional written action) through dialogue between the collection agency and the Town.

**APPLICATION FOR AMBULANCE SERVICE FINANCIAL HARDSHIP**

**(ATTACHMENT A)**

I, \_\_\_\_\_ am requesting assistance with the ambulance service bill for (patient's name) \_\_\_\_\_, date of service \_\_\_\_\_, run number \_\_\_\_\_ for the amount of \$ \_\_\_\_\_. I am requesting: (please check one)

- Write-off of the entire amount.
- To pay the bill using a monthly payment plan. (Complete the next page only)

If requesting write-off of the ambulance bill, please complete the form below and mail to the above address within 30 days:

I understand that this application is made so that the fire department ambulance service can determine my eligibility for uncompensated services based on the established criteria on file at the fire department. If any information I have given proves to be untrue, I understand that the Fire Department and the Town of Hooksett may re-evaluate my financial status and take whatever action is deemed to be appropriate to recoup the ambulances charges owed.

I certify that the current information given is true and accurate to the best of my knowledge. I further attest that payment would create a hardship for me and I request a waiver of the ambulance service fee. Further, I will make application for any assistance (Medicare, Medical Assistance, Etc.) which may be available for payment of my ambulance service charges and I will assign or pay to the Fire Department the amount recovered toward the ambulance service charges.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Your household size: \_\_\_\_\_ Total annual household income: \$ \_\_\_\_\_

Employment: List current employer (or retirement information)  
\_\_\_\_\_

Insurance: List all medical insurance coverage

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Reason for request:  Financial Hardship  Other (Explain): \_\_\_\_\_

\*\* Attach copies of past 2 pay stubs or show proof of income along with proof of you basic monthly expenses (utility bills, rent, or routine medications) you would like to consider to determine eligibility.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**EXTENDED PAYMENT PLAN FORM  
(ATTACHMENT B)**

Use this form to agree to an extended payment program arrangement with the Town of Hooksett in order to pay your ambulance bill(s). Please complete every field on this form, sign it and mail the form to the address above within 30 days.

Run Number From Bill	Patient Social Security Number		
Patient's First Name	M.I.	Last Name	
Patient's Address	City/Town	State	ZIP
( ) _____ Home Phone	( ) _____ Work Phone	_____ email address	

I authorize the Town of Hooksett ambulance-billing agency to bill me once a month as indicated below. The Town of Hooksett will not charge you interest on this payment plan.

- Check this box to pay \$50 per month until your bill is paid in full.
- Check this box to pay \$25 per month until your bill is paid in full.
- Check this box to pay \$10 per month until your bill is paid in full.

Or, you can check the box below and indicate how much you desire to pay per month (Minimum \$10.00 per month).

- How much will you pay per month? Enter the amount here: \$ \_\_\_\_\_

Your signature below affirms that you need an extended payment arrangement and authorizes the Town of Hooksett and its ambulance-billing agency to bill you once per month for the amount indicated above until your bill is paid in full.

_____ (Signature)	_____ (Date)
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**NEW BUSINESS**

**FEMA Grant Application**

This is a request for FEMA Grant application to be used to install an emergency generator at the Hooksett Town Hall.

Dan Pike, Emergency Management Director stated that the application was dated back in December. FEMA is now requiring for the Council's approval for all grant applications. If approved, the Town will receive funds in the amount of \$19,937.50 from the federal government. The Town's share is \$5,274.50 and in kind, which includes installation of a concrete pad.

***D. Dickson moved to approve the grant request. Motion seconded by J. Gorton.***

D. Boutin asked where is the additional \$5,274.50 is coming from and what it is for.

C. Granfield stated she will find the funds within the Administration budget and D. Pike stated the funds will be used for additional work to install the generator.

**Roll call vote carried unanimously.**

**Farmers' Market**

As a result of the Planning efforts during the Village Committee project, the idea of establishing a Farmers' Market was discussed.

Jo Ann Duffy, Town Planner stated a Farmers' Market Committee was formed. The Committee received a grant from SNHPC for 20 hours of technical assistance through the CTAP Agricultural Commission. Lion's Club will sponsor the event and will provide insurance. The Police, Fire and Public Works Departments have approved the event. The Town received permission from the American Legion to use their parking lot. The market will be located on Riverside Street near Robie's Store. A portion of Riverside Street will be blocked off. The market will kick-off on July 14<sup>th</sup> and run through September 29<sup>th</sup> from 4-7 pm. This event could ultimately lead to the formation of an Agriculture Commission for the Town of Hooksett. She asked for the Council's support, permission for minimal use of staff time and supplies. Any expenses would come out of the Community Development Budget.

***D. Boutin moved to support the event. Motion seconded by N. VanScoy. Motion carried unanimously.***

**NH Police Standards & Training Council Grant Acceptance**

This is to accept a grant in the amount of \$2,653.73 for Police Field Training & Evaluation and Command Training Series.

***D. Boutin moved to accept the grant in the amount of \$2,653.73 per RSA 31:95-b, III (b). Motion seconded by P. Loiselle. Roll call vote carried unanimously.***

**Ambulance Collection Policy**

The Town has an Ambulance Billing Collection Policy. This policy was placed into effect on 11-21-07. Fire Chief Michael Williams presented an updated version of the policy, which addresses all non-paying patients and allows for a collection process to follow.

***D. Boutin moved to adopt the revised Ambulance Collection Policy effective May 27, 2010. Motion seconded by N. VanScoy. Motion carried unanimously.***

**Fire Engine and Authorization of Impact Fees Purchase**

The Fire Rescue Department requested for approval to utilize the impact fees to purchase a new fire pumper. This pumper will not replace any vehicles but an addition to the fleet. The department received four bids.

Greenwood Emergency Vehicles	\$272,000.00
Ferrara Fire Apparatus	\$288,305.00
Lakes Region Fire Apparatus	\$253,589.00
C&S Specialty	\$256,119.00