



## Application for Fee Review – Financial hardship

Invoice Details	
Invoice Number:	
Amount Due:	
Due Date:	

### Important Information

Your application will need to show that your income, day-to-day living expenses, liabilities and assets are at such a level that payment of the fee (including the available instalment plan options) would cause you severe financial hardship.

A range of instalment plan options are available to assist you in finalising your account. An instalment plan can be organised by calling our dedicated Customer Service Team on 1300 655 200.

NSW Ambulance may not accept applications for a fee review if received more than 7 days after the due date specified on the debt notice. If you are applying for a fee review, you should submit your application prior to the due date.

The supporting documentation required for your application is listed in Section A of this document. If NSW Ambulance requests further documentation to support your application, this must be provided within 14 days of the request.

The outcome is valid only for the invoice specified on the approved application. If your application is unsuccessful, you will remain liable for payment of the invoice and may be offered an instalment plan or payment deferral.

### Please send your completed application to NSW Ambulance by one of the following methods:

<i>Email:</i> <a href="mailto:financeaccounts@ambulance.nsw.gov.au">financeaccounts@ambulance.nsw.gov.au</a>	<i>Fax:</i> (02) 9320 7813
<i>Post:</i> NSW Ambulance, Locked Bag 14, Rozelle, NSW, 2039	Please call our dedicated Customer Service Team on 1300 655 200 for any enquiries you may have.

Section A – Documentation required (Do NOT send original documents, only copies)		
1	Proof of Identity (a drivers licence, passport, or birth certificate) If the patient is a minor, please include proof of identity for the minor and for the legal guardian.	<input type="checkbox"/>
2	A copy of your most recent bank statement/s (all bank accounts), or your partner's bank statement/s if you are a dependent spouse.	<input type="checkbox"/>
3	A copy of your most recent Tax Assessment.	<input type="checkbox"/>
4	<i>If applicable</i> – a copy of your Bankruptcy statement or a copy of your Centrelink 'Application for Income Support'	<input type="checkbox"/>
5	<i>If applicable</i> – a letter of advocacy and/or the budget developed on your behalf by a budget company.	<input type="checkbox"/>
6	<i>If applicable</i> – an official letter of advocacy or a certificate from your treating doctor, social worker, or other relevant person of authority, to confirm any non-financial factors that need to be considered (e.g. being unable to work due to health issues).	<input type="checkbox"/>
	<i>Please provide any other official documentation that you believe will support your application.</i>	

## Section B – Patient Details

Family Name (Surname):

Given Name/s:

Date of Birth: \_\_\_\_\_

Name of Legal Guardian/s (if patient is a minor):

Address:

Suburb:

State:

Post Code:

Telephone Contact Number (daytime):

Mobile Number:

Email Address:

Number of people who are dependent on the patient (this may include a dependent spouse and any children under 18)? \_\_\_\_\_

Are you currently employed?

Yes

No

If you are currently employed, what is your employment status?

Full-Time

Part-time

Casual

Self-Employed

Are you expecting a lump sum payment in the future? If Yes, when is the payment expected?

Yes

No

Expected Date: \_\_\_\_\_

## Section C – Your budget

### Income (per fortnight and after tax)

#### Totals

### Assets

#### Totals

Salary/wages/pension income

\$

Your home

\$

Interest

\$

Other real estate

\$

Rent or board received

\$

Balance of all bank, credit union, and building society accounts

\$

Company profits

\$

Shares

\$

Other income (e.g. child support, spouse maintenance)

\$

Managed investments (including superannuation funds you can draw on now)

\$

Your partner/spouse wages or salary

\$

Bonds

\$

\$

Other liquid assets (give details)

\$

**Net Total Income**

\$

**Total Assets**

\$

### Expenses (per fortnight)

#### Totals

### Liabilities (give details)

#### Totals

Food

\$

Mortgages

\$

Mortgage/rent

\$

Credit cards

\$

Gas, electricity, water, heating, telephone, rates, insurance

\$

Loans/leases

\$

Car/travel

\$

Other (specify and give details)

\$

Superannuation

\$

\$

Clothing, medical and other personal expenses

\$

\$

Children's expenses (e.g. child support, child care, clothing)

\$

\$

Other (specify and give details)

\$

\$

**Total Expenses**

\$

**Total Liabilities**

\$

