NSW Ambulance

excellence in care

Application for Fee Review Financial Hardship

Invoice Details	
Invoice Number:	
Amount Due:	
Due Date:	

Important Information

Prior to the lodgment of this form – *please note that the exemption may be available if you held a valid Customer Reference Number (CRN) issued from the Centrelink or held a private health fund membership at the time of the service. Please provide following information, if applicable.*

CRN and/or Private Health Fund Membership	☐ *YES*	☐ *NO, I do not have one Please proceed to Section A*

CRN		Name of Private Health Fund & Membership Number	

If you do not have above exemption, please continue through the following instructions and complete the form.

- 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.
- 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. (***Please note that that the information remains confidential and is only used for assessment purposes.)***
- The outcome of this application is valid only for the invoice stated above. If your application is unsuccessful, you will remain liable for payment of the invoice and may be offered an instalment plan or payment deferral.
- A range of instalment plan options are also available to assist you in finalising your account. An instalment plan can be organised by contacting our dedicated Customer Service Team on 1300 655 200.

Section A	Documentation required (Do NOT send original documents, only copies	
1	Proof of Identity (a driver's license, passport, or birth certificate) If the patient is a minor, please include proof of identity for the minor and for the legal guardian.	☐
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. *Please note that the PDF copies are accepted and can be obtained through your internet banking. You may also visit your local bank to request copies of the bank statements. Please note the statement must include the last 3 months of transactions to verify against the information provided in section C "Your budget"*. Photos or screenshots are not accepted.	☐
3	A copy of your most recent Tax Assessment.	☐
4	*If applicable* – a copy of your Bankruptcy statement or a copy of your Centrelink 'Application for Income Support'	☐
5	*If applicable* – a letter of advocacy and/or the budget developed on your behalf by a budget company.	☐
6	*If applicable* – 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).	☐
Please provide any other official documentation that you believe will support your application (in Section D)		

Section B Patient Details			
Family Name (Surname)		First Name	
Contact	Phone (daytime): Email:	Date of Birth	
Street address	Suburb	State & Post Code	
Name of Legal Guardian/s (if patient is a minor) Please note that under the Health Services Amendment (Ambulance Services) Bill 2015, a legal guardian is required to act on behalf of a minor for the purposes of this review.			
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 & aftertax)***	**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	
Superannuation		Other (specify and give details)	
Clothing, medical and other personal expenses			
Children's expenses (e.g. child support, child care)			
Other (specify and give details)			
Total Expenses		***Total Liabilities***	

Section D Additional Information

Please describe any additional information that is relevant to include which is supplementary to the advice provided above.

Section H Certification by applicant (to be signed in the presence of the witness)

I certify that:

1. I am the applicant.
2. I have read this application.
3. The facts in it that are within my personal knowledge are true.
4. All other facts are true to the best of my knowledge, information and belief.
5. I have disclosed all relevant financial information.
6. I am aware that it is an offence to provide information or a document in connection with this application that is false or misleading.

Signature of Applicant	*Place:*	*Date:*
Before me (signature of witness)	*Full name of witness (please print)*	

This application was prepared by: ☐ Applicant ☐ Lawyer ☐ Other

Print Details:

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

Email: Ambulance-FinanceAccounts@health.nsw.gov.au	*Fax:* (02) 9320 7813
Mail: 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.