

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-5**

<b>SUBJECT: Compassionate Care Program</b>			
Revision Date  1/1/16	Replaces  NEW	Approved By  Fire Chief	Pages  1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

Not every patient may have the ability to pay a bill for emergency ambulance services, particularly if they are not insured. The Compassionate Care Program (CCP) is established for financial hardships and to establish criteria for the District to discount 100% of a patient's ambulance services bill.

**POLICY**

1. The term "Uninsured Patient" means an individual that does not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, and whose injury is not compensated under a Worker's Compensation plan, automobile insurance, or other insurance as determined and documented by the District. A patient who has reached a lifetime limit on the patient's insurance benefits will be considered an "Uninsured Patient" for services in excess of that limit.
2. If a patient informs the District that a financial hardship may prevent the patient from paying the total amount of their bill, the District will provide the patient with a Compassionate Care Program (CCP) application if the following criteria are met:
  - a. The applicant is prescreened at an income level that is equal to or less than the transport areas defined hardship level (125% of the federal poverty level).
  - b. The patient is an Uninsured Patient.
3. A patient must submit an application for the Compassionate Care Program and provide all necessary documentation within 60 days after initial billing. Eligibility for a 100% discount of ambulance services fees will be denied if the applicant does not financially qualify, or does not provide the required documentation within 60 days of the initial billing. If the patient makes a reasonable effort to obtain documentation, but is unable to do so through no fault of his/her own, an attempt will be made to make an eligibility determination without such documentation.

4. All applications will be reviewed and approved or declined by District management.
5. If a patient's application is approved under the CCP, the patient will receive a 100% write-off of their bill.