Department of Emergency Services

Northumberland County, Virginia

P O Box 129 – 195 Judicial Place

Heathsville, VA 22473

Request for Waiver of Ambulance Fees

Please submit this completed form within 30 day of receiving a bill

Patient's name: _____

Patient's address: _____

City: _____ State: _____ Zip Code: _____

Requestor/Parent/Guardian: _____

Best contact phone number: _____

Date of service: _____ (A separate form is needed for each date)

Type of proof provided: _____

Certification:

I am making this request for waiver of ambulance fees based on the following:

_____ I am a current resident of Northumberland County (Proof required)

_____ My annual income allows for reduced ambulance fees. (Proof required)

Annual income amount: _____

Signature of person making request: _____

Date: _____ Phone number: _____

Northumberland County action taken

_____ Approved _____ Disapproved

Signature: _____ Date: _____