



TRAUMA STAR AIR AMBULANCE

Resident Fee Waiver Program



PLEASE READ THIS WAIVER IN ITS ENTIRETY TO ENSURE YOU COMPLETE IT CORRECTLY

If you are a resident and/or property owner of Monroe County Florida and you were transported by the **Trauma Star Air Ambulance**, you may be eligible for a waiver of out of pocket expenses related to Trauma Star transport fees.

On May 20, 2009 the Monroe County Board of County Commissioners passed Resolution #152-2009 which introduced a fee waiver program for qualifying Monroe County residents using Trauma Star. This waiver of out-of-pocket expenses is retroactive to November 4, 2008, the date of passage of the voter referendum. In July 2015, the Board of County Commissioners voted to extend this waiver program to all Monroe County property owners, regardless of residency, for all air transports on or after July 15, 2015. The fee waiver is not applicable to transportation by ground ambulance, and is not applicable to transport by any other helicopter.

The County will continue to seek reimbursement from third-party payers, including but not limited to automobile insurance, healthcare insurance, Medicare, and Medicaid. For qualifying residents and/or property owners, the County Commission will waive any and all balances remaining after third party payments and in those cases when the qualifying residents do not have third party insurance.

To qualify for the waiver, the patient must provide the applicable documentation to the Monroe County Fire Rescue billing office for waiver consideration.

PROPERTY OWNERS or immediate members of their household:

1. Property tax bill showing that all taxes, including the Trauma Star tax, have been paid and are current.

RENTERS or immediate members of their household:

1. A copy of a long-term lease and/or utility bills for the address of tenancy at the time of the incident.

The term "immediate member of his or her household" means (a) residing at the same address as the property owner; and (b) son, daughter, father, mother, brother, sister, mother-in-law, father-in-law, uncle, aunt, nephew, niece, brother-in-law, sister-in-law, stepfather, stepmother, stepdaughter, stepson, half-brother, half-sister, grandchild, or domestic partner.

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

RUN NUMBER (FROM INVOICE): _____ DATE OF AIR TRANSPORT: _____

IF THE PATIENT IS NOT THE OWNER/RENTER, EXPLAIN RELATIONSHIP: _____

PATIENT SIGNATURE: _____ DATE: _____

To qualify for the waiver, please provide the required documents along with this application form and submit in person or by mail to:

Monroe County Fire Rescue
Attn: Billing Office
490 63rd Street Ocean
Marathon, Florida 33050

(FOR OFFICIAL USE ONLY)

DETERMINATION:

APPROVED

NOT APPROVED

NEED ADDITIONAL INFORMATION

REVIEWED BY: _____ DATE: _____

PREPARED BY: _____ DATE: _____