

**CITY OF LADUE FIRE DEPARTMENT  
EMS TRANSPORT BILLING PROGRAM**

**Request for Transport Fee Hardship Waiver**

**THIS HARDSHIP APPLICATION MUST BE SUBMITTED FOR EACH EMS TRANSPORT WAIVER REQUEST**

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

Monthly Household Gross Income: \_\_\_\_\_ Number of dependents living in household: \_\_\_\_\_

List of attached documentation (documents must include, at least, the previous 2 months of family pay check stubs, copy of previous year's Federal tax return.  
\_\_\_\_\_  
\_\_\_\_\_

**Responsible Party (if different from applicant)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_  
\_\_\_\_\_

I do hereby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. By signing this form I certify that I have no insurance that can be billed for this charge. I declare that all of the information contained in this document and the attachments are true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify the City of Ladue of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the EMS Transport Fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

For questions regarding the hardship waiver process call the City of Ladue Medical Officer at  
314-993-0181 or via e-mail to [gkreitler@cityofladue-mo.gov](mailto:gkreitler@cityofladue-mo.gov)  
Mail this application and all attachments to:  
City of Ladue-Fire Department  
9213 Clayton Road  
Ladue, MO 63124

**Administrative Use Only**

Incident #: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Date Received: \_\_\_\_\_

Claim: (circle) Approved Denied Reason: \_\_\_\_\_

Billing Company Notified \_\_\_\_\_ Amount approved for reduction: \_\_\_\_\_

Fire Chief Signature \_\_\_\_\_ Approve/Deny Date: \_\_\_\_\_

City Clerk Signature \_\_\_\_\_ Approve/Deny Date: \_\_\_\_\_