



ARLINGTON COUNTY EMERGENCY MEDICAL SERVICES  
Request for Transport Fee Waiver

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF TRANSPORT \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

The County Board has authorized waiving transport fees when service is rendered in connection with any natural disaster or man-made disaster, when service is rendered to a person who is in the custody of the Sheriff's Department, and when service is rendered to any child under 18 years of age who is attending school or school-related activities when the need for service arises. Also, the local Board of Public Welfare shall pay all ambulance service charges not covered by insurance incurred by residents who at the time of service are enrolled in the Housing Grants or Real Estate Tax Relief Programs administered by the County. In addition, the Fire Chief has the discretion of waiving transport fees if an individual is recipient of a County Department of Human Services program, household income is less than \$25,000 per year, and special circumstances and hardships.

REASON FOR REQUEST: \_\_\_\_\_

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\_\_\_\_\_

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I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_

Signature  
Date

For assistance call (703) 228-3361. Please mail completed form to Arlington County Fire Department Emergency Medical Services, Ambulance Billing Section, 2100 Clarendon Blvd. Suite 400, Arlington, VA 22201.

FIRE DEPARTMENT USE ONLY

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_