



# Emergency Medical Services Sliding Fee Schedule

The City of Woodbury has adopted a sliding fee schedule to assist those with a financial need regarding the cost of emergency medical services. Eligibility for a sliding fee discount is based on household income limitations. Please complete the following information and [mail this application along with supporting documents](#) to: City of Woodbury-Emergency Medical Service, Finance Department, 8301 Valley Creek Road, Woodbury, MN 55125. This application must be submitted within 12 months of the ambulance service date.

Household income limitations are outlined in the table below. Income shall include all taxable and non-taxable income. Income will be verified based on the adjusted gross income from the household's recent tax return(s). Only one discount is allowed for each ambulance run.

**A copy of your most recent federal income tax return will be required.** If you are eligible to be claimed as a dependent on anyone else's tax return, a copy of their return will also be required.

The sliding fee discount will be applied to the remaining balance after all insurance claims have been processed. ***If you did not have insurance, you must certify in a written letter that you did not have insurance coverage at the time service was provided. Please attach the letter with your sliding fee application.***

**If you have non-taxable income to report, please indicate that on the application and provide written documentation to support it.**

Household Size (number of persons in family): \_\_\_\_\_

Adjusted Gross Income (based on household's recent tax return): \$ \_\_\_\_\_

Other Non-taxable Income (please provide description and written documentation): \$ \_\_\_\_\_

Total yearly income: \$ \_\_\_\_\_

**I certify that the household size and income information shown above is correct. Copies of tax returns, benefit statements (e.g., social security) and other information verifying income have been included with my application. I understand these documents are required before a discount can be approved.**

\_\_\_\_\_  
Name (Print) Signature Date

Ambulance charges to eligible users shall be based on the following table:  
(Income Limits Effective 04/01/2021)

Household Size	1	2	3	4	Patient Responsibility: % of Total Charges
Household Income	\$14,700 or less	\$16,800 or less	\$18,900 or less	\$21,000 or less	50%
	14,701-22,100	16,801-25,200	18,901-28,400	21,001-31,500	60%
	22,101-29,400	25,201-33,600	28,401-37,800	31,501-42,000	70%
	29,401-36,800	33,601-42,000	37,801-47,300	42,001-52,500	80%
	36,801-44,000	42,001-50,300	47,301-56,600	52,501-62,900	90%
	Greater than 44,000	Greater than 50,300	Greater than 56,600	Greater than 62,900	100%

Household Size	5	6	7 or more	Patient Responsibility: % of Total Charges
Household Income	\$22,700 or less	\$24,400 or less	\$26,000 or less	50%
	22,701-34,000	24,401-36,500	26,001-39,100	60%
	34,001-45,400	36,501-48,700	39,101-52,100	70%
	45,401-56,700	48,701-60,900	52,101-65,100	80%
	56,701-67,900	60,901-73,000	65,101-78,000	90%
	Greater than 67,900	Greater than 73,000	Greater than 78,000	100%