



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 04/18/2022)

Household Size	1	2	3	4	Patient Responsibility: % of Total Charges
Household Income	\$16,500 or less	\$18,900 or less	\$21,200 or less	\$23,600 or less	50%
	16,501-24,900	18,901-28,400	21,201-32,000	23,601-35,500	60%
	24,901-33,100	28,401-37,800	32,001-42,600	35,501-47,300	70%
	33,101-41,400	37,801-47,300	42,601-53,200	47,301-59,100	80%
	41,401-49,600	47,301-56,700	53,201-63,800	59,101-70,900	90%
	Greater than 49,600	Greater than 56,700	Greater than 63,800	Greater than 70,900	100%

Household Size	5	6	7 or more	Patient Responsibility: % of Total Charges
Household Income	\$25,500 or less	\$27,400 or less	\$29,300 or less	50%
	25,501-38,300	27,401-41,200	29,301-44,000	60%
	38,301-51,100	41,201-54,900	44,001-58,700	70%
	51,101-63,800	54,901-68,600	58,701-73,300	80%
	63,801-76,600	68,601-82,200	73,301-87,900	90%
	Greater than 76,600	Greater than 82,200	Greater than 87,900	100%