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EMERGENCY HEALTH SERVICES

Ambulance Services Fee Review Form

Please review and complete the below form to request a review of an ambulance service fee levied on the care received from Island EMS Inc.

Important Notes:

- **Before an exemption can be authorized, a person must exhaust all available assistance programs. For example:**
 - Island EMS flexible payment plan (contact IEMS at 1-888-420-1122)
 - Private insurance
 - Out-of-Province Travel Support Program (contact 902-368-5918 or ooptravelsupport@gov.pe.ca)
 - Social Assistance, if already enrolled
 - Other funding programs that may be applicable to your circumstances
- If you are requesting a review on behalf of a patient, you must provide information outlining your authority to act for the patient.
- To review a service fee charged, on occasion, the Director of Emergency Health Services needs to review the patient care record corresponding with the review.
- For concerns about bills received from EHS LifeFlight, please contact Emergency Health Services directly (902-368-6705)

A) Tell Us About You

NAME	AGENCY / FACILITY (If Applicable)	
MAILING ADDRESS		APT / UNIT #
CITY	PROVINCE	POSTAL CODE
PHONE	ALTERNATE PHONE	
ARE YOU A: ___ PATIENT; ___ RELATIVE; ___ FRIEND; ___ HEALTH CARE PROVIDER; OR ___ OTHER (specify): _____		

B) Please supply as much detail as possible. Any information you can provide increases our ability to appropriately review and respond.

PATIENT NAME	AGENCY / FACILITY (If Applicable)	
PATIENT MAILING ADDRESS		APT / UNIT #
CITY	PROVINCE	POSTAL CODE
PHONE	ALTERNATE PHONE	
INVOICE #	DATE OF OCCURRENCE	
<p>Please tell us why you would like this service fee reviewed?</p>		
<p>Please use additional paper as necessary. Sign and date each page you submit with this form.</p>		

By signing the below, you are: 1) acknowledging and agreeing to the retrieval, review and use of your patient care record if necessary for the purposes of rendering a decision on your request herein for a review of an ambulance service fee; or, 2) you are acknowledging and agreeing to same on the patient's behalf and that you have legal authority under the laws of Prince Edward Island to do so.

SIGNATURE: _____

DATE: _____
(DD/MMM/YYYY)

The information collected and used for purposes of this ambulance service fee review is being done so pursuant to the *Freedom of Information and Protection of Privacy Act*, RSPEI 1988, Cap. F-15.01 and the *Health Information Act*, RSPEI 1988, Cap. H-1.41 as it relates to and is necessary for reviewing the ambulance service fee under the Provincial Ground Ambulance Program to deliver ambulance services pursuant to the *Ambulance Services Act* R.S.P.E.I. 1988, Cap. 10.01. If you have any questions or concerns about the collection or use of personal information or personal health information contact Emergency Health Services at (902) 368-6705.

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If you have any questions regarding this form or the review process, please contact Emergency Health Services.
Phone: **902-368-6705**
Email: **emergency@gov.pe.ca**

Please return original and signed form to:

**EMERGENCY HEALTH SERVICES
PO BOX 2000
16 Fitzroy Street – 3rd Floor
Charlottetown, PE
C1A 3T5**