Below, please find the form to complete when appealing a service fee received from the EHS ground ambulance system.

In reviewing service fee appeals, the EHS Service Fee Appeal Board uses the following criteria:

- Was the applicable service fee charged in compliance with the *Ambulance Fee Regulations?*

The Ambulance Fee Regulations can be found on the Nova Scotia Government website at https://www.novascotia.ca/just/regulations/regs/hsiamfee.htm .

While a patient's inability to pay a service fee is one of the criteria for reconsidering or changing a fee, the patient may establish a flexible payment plan for the amount of the invoice. Please contact the billing department toll-free at 1-888-280-8884 to make these arrangements.

If you are appealing an invoice on behalf of a patient, you must provide the Service Fee Appeal Board with information outlining your authority to act for the patient.

If you have any questions regarding the appeal form or the appeals process, please contact the billing department at the toll-free number above.

Please note, for the Service Fee Appeal Board to review a ground ambulance fee appeal, on occasion, it needs to review the patient care record corresponding to the appeal. By signing below, you are acknowledging and agreeing to the Service Fee Board's retrieval, review and use of your patient care record. If you need to discuss this further, please contact the Billings Office at (902) 832-8337.

I hereby give acknowledgement and agree to the EHS Service Fee Appeal Board's retrieval, review and use of my patient care record for the purposes of rendering a decision on my appeal of the service fee I received from the EHS ground ambulance system.

Signature:

_____

EHS GROUND AMBULANCE SERVICE FEE APPEAL FORM

Please use this form to appeal the fee levied on care received from the EHS ground ambulance system.

Tell Us About You

Name:	Agency/Facility:	
Address:	City & Province:	
Postal Code:	Phone (Home):	Phone (Work):
Are you a: ❑Patient ❑Relative ❑Friend ❑Other (please specify)		

Please supply as many details as possible in the following fields.
Any information you can provide increases our ability to appropriately review and respond to your appeal.

Patient Name:	Patient Phone #:
Civic Location:	Date of Occurrence: (dd/mm/yy)
Invoice #:	Municipality/ Community:

Please tell us why you are appealing the service fee. Use additional paper if necessary.
Please sign and date the bottom of each page you submit.

Signature: _____Date (dd/mm/yy):_____

Return Completed Forms To:

EHS Ground Ambulance Operations
Attn: Billing Supervisor
239 Brownlow Ave., Suite 300
Dartmouth, NS B3B 2B2

Telephone: (902) 832-8337
or toll-free 1-888-280-8884
Fax: (902) 832-2954

For Office Use Only. Do Not Write In This Area.

File # _____

Date Rec'd: _____ Date F'wd _____

Date Processed: _____