



To Whom It May Concern:

As per our discussion, please use the attached form to appeal the service fee you 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 www.gov.ns.ca Please note that the copy of the regulations on the Nova Scotia government website should not be considered to be an official copy. Official copies can be obtained by contacting EHS at (902) 424-4833.

While a patient's ability to pay a service fee is not 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 service 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 Appeal 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 acknowledge 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 the form below 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: <input type="checkbox"/> Patient <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> 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): _____

<p>Return Completed Forms To:</p> <p>EHS Ground Ambulance Operations Attn: Billing Supervisor 239 Brownlow Ave., Suite 300 Dartmouth, NS B3B 2B2</p> <p>Telephone: (902) 832-8337 or toll-free 1-888-280-884 Fax: (902) 832-2954</p>	<p>For Office Use Only. Do Not Write In This Area.</p> <p>File # _____</p> <p>Date Rec'd: _____ Date F'wd _____</p> <p>Date Processed: _____</p>
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