Ambulance New Brunswick Fee Appeal Form

In order to appeal the ambulance fee from Ambulance New Brunswick, please complete the following appeal form. If you have questions when completing this form, you may contact 1-888-657-3222. The Appeal Form must be received by Ambulance New Brunswick within 90 days from the date the invoice was issued.

PERSON COMPLETING FORM:

Your Name:	Phone:
Street Address:	
City & Province:	Postal Code:
Are you a: ☐ Patient ☐ Relative ☐Friend ☐Other (please specify)_____	

PATIENT INFORMATION:

Name:	Phone:
Street Address:	
City & Province:	Postal Code:
Patient Age:	Gender: ☐ Male ☐ Female
Invoice Number:	Date of Occurrence:

1. Is the patient 19 years old or older? ☐ Yes ☐No

**Note – Patients who were under the age of 19 and resided with their parent(s)/ guardian(s) at the time of the invoice must have their parent(s)/guardian(s) appeal on their behalf.

2. Does the patient have more than one ambulance service fee outstanding? ☐ Yes ☐ No

3. How many dependents does the patient have? A dependent is a:
   a) Patient's spouse, who is financially dependent on the patient
      And/or
   b) Child of the patient/ patient's spouse, who is:
      I. Under 19, financially dependent on either; or
      II. Under 25, and enrolled full-time at an educational institution, or
      III. Over 18 and disabled

   Number of dependents: _____

4. Is the patient receiving any form of Social Assistance from Social Development? ☐ Yes ☐ No

5. Is the patient a senior receiving the Guaranteed Income Supplement? ☐ Yes ☐ No

Please tell us why the patient is appealing the service fee. If the appeal includes financial hardship, a copy of the patient's most recent household "Notice of Assessment", which would have been received from the Canada Revenue Agency, **must be submitted**. If it is not submitted, please explain why below. You may use additional paper if necessary. Please sign and date the bottom of each page you submit.

THE FOLLOWING MUST BE COMPLETED BY THE PATIENT, GUARDIAN OR POWER OF ATTORNEY:

Consent to Disclose Personal Health Information
Pursuant to the Personal Health Information Privacy and Access Act, 2009 (PHIPA)

By signing below, I agree that the Ambulance New Brunswick Appeals Committee and the New Brunswick Department of Health may retrieve, review and use any of my patient care records or any other personal information Ambulance New Brunswick has on file. These records are to be used to make a decision on my appeal of the invoice I received from Ambulance New Brunswick for ambulance service.

Signature: _____ Date: _____

Return Completed Forms To:	**For office use only. Do not write in this area.**
Ambulance New Brunswick **Attn: Billing Supervisor** 101-210 John Street Moncton, NB E1C 0B8 Telephone (506) 872-6554 or Toll Free 1-888-657-3222 Fax: (506) 872-6501	Invoice Number: _____ Date Received: _____ Date Processed: _____