

WORDS USED IN THE AMBULANCE FEE REGULATIONS

“Approved facility” generally means a hospital located in Nova Scotia. For a list of approved facilities, call the EHS billing office.

“Financial hardship” means having the intention but not the financial capacity to make the required payments within the time frame set out in the payment terms.

For all inquiries about Ground Ambulance service fees, contact:

EHS Billing Office
239 Brownlow Ave, Suite 103
Dartmouth, NS B3B 2B2
Phone: (902) 832-8337
Toll-free: 1-888-280-8884

“Inter-facility transport” means ambulance transportation between or among approved facilities.

“Long term care facility” means a nursing home, home for the aged or residential care facility licensed by the Minister of Health and Wellness under the Homes for *Special Care Act*.

“Mobility challenged individual” means a person who needs ambulance transportation because of a mental or physical limitation and a physician has verified this need.

“Third party insured” means a resident or non-resident of Nova Scotia who is:

- a member of the RCMP
- a member of the Canadian Forces
- an inmate of a federal prison or penitentiary
- eligible for coverage under the Worker’s Compensation Act for a work-related illness or injury
- involved in a motor vehicle accident (Nova Scotia law requires that all vehicles be insured)

You can view the Ambulance Fee Regulations online at www.novascotia.ca/just/regulations/regs/hsiamfee.htm

The Emergency Health Services (EHS) is a branch of the Department of Health and Wellness that is a critical component of the Nova Scotia health and wellness system. Its key mandate is to ensure the delivery of collaborative health care to communities through the EHS system, including medical communications, medical first response, ground and air ambulance and other innovative programs. EHS is at the forefront of providing innovative health care to Nova Scotians.

SERVICE FEES

Ground Ambulance



Most Nova Scotians pay \$146.55 for an ambulance trip to the hospital. This is only a portion of the real cost of the service. The provincial government covers the other 80 per cent.

How much you are charged depends on a number of things. Fees are subject to change at any time.

GROUND AMBULANCE FEE SCHEDULE
Effective April 1st, 2015

**MEDICALLY ESSENTIAL
TRANSPORTATION**

**INTER-FACILITY
TRANSPORTATION**

Most Nova Scotians with a valid NS health card	\$146.55	\$0
Residents of Long Term Care Facilities	\$54.50	\$0
Mobility challenged (with note from physician)	\$108.95	\$0
Non-Nova Scotians	\$732.95	\$0
Non-Canadians & New Canadians	\$1099.35	\$1099.35
People defined as third party insured	\$732.95	\$732.95



QUESTIONS PEOPLE ASK ABOUT AMBULANCE FEES

Q: How much am I charged for ambulance transportation?

A: Most ambulance fees for people with a valid Nova Scotia health card are 80% subsidized by the government. The current subsidized rate is \$146.55. The table in this brochure shows the other service fees. The fees are a flat rate. You are not charged by kilometre within Nova Scotia.

Q: What if I am unable to pay?

A: If you are unable to pay the fee you were charged for ground ambulance service, EHS can offer you an interest free payment plan based on your ability to pay. Alternatively you may qualify for the Ambulance Fee Assistance Program. For more information, go to: www.novascotia.ca/dhw/ehs or call the EHS billing office at (902) 832-8337 or toll-free 1-888-280-8884.

Q: If the paramedics treat me at the scene, but I do not get transported to the hospital by ambulance, do I still get charged a fee?

A: No. You only get charged a fee if you are transported by ambulance.

Q: Will the Nova Scotia government pay my ambulance bills if I need an ambulance in another province?

A: No. That's why you should get insurance that covers ambulance services when you travel outside of the province, even to visit PEI or New Brunswick.

Q: What is a private call?

A: A private call is an ambulance transport which doesn't begin or end at an approved facility. The current rate for a private call is \$732.95. If you are mobility challenged and require non-emergency transportation to or from a physician's office, dentist's office, physiotherapy facility, or respite care facility the fee is \$108.95 for each transport if you have a note from your doctor stating you can only go by ambulance.

Q: What if I am unhappy with the fee that I was charged?

A: If you disagree with the fee you were charged for ground ambulance service, you may appeal to the EHS Billing Office. You must do this within 90 days of the date on the bill. Call the billing office for more information at (902) 832-8337 or toll-free 1-888-280-8884.

If your concerns are not resolved you may appeal to the Service Fee Appeal Board. Appeal packages can be requested through the billing office.



EHS GROUND AMBULANCE

Ambulance Fee Assistance Program 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:

<p>Return Completed Forms To: 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 1-888-280-8884 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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Ambulance Fee Assistance Program

Please complete the following checklist. This information will be used to help determine your eligibility to have your service fee waived under the financial hardship category. In order to allow EHS to verify your financial situation, it is also necessary to submit your household's "Notice of Assessment" forms from the Canada Revenue Agency for the most recent tax year. Eligibility is determined based on the criteria below as well as the household's assessed income and family unit size. Application must be received by the billing office within 90 days from the date the invoice was issued. For full details, please consult the EHS Service Fee Appeals website at <http://novascotia.ca/dhw/ehs/ambulance-fees.asp> or contact EHS as outlined above.

EHS GROUND AMBULANCE Ambulance Fee Assistance Program Form

1. Demographics: Patient Age Gender	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Are you 19 years old or older? (*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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have more than one Ground Ambulance service fee outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you married (includes living common-law)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How many dependents do you have? A child of the patient or the patient's spouse, who is: 1. Financially dependent on either, and is under 19, or 2. under 25 and enrolled full-time in an education institution, or 3. over 18 and disabled.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 or more
6. Are you a recipient of Employment Support and/or Income Assistance through the Nova Scotia Department of Community Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. To your knowledge, are you eligible for any Federal/Provincial Government Programs that cover the cost of Ground Ambulance transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have third party insurance that would cover the cost of the Ground Ambulance transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For purposes of verifying my financial situation:

1. I am including the "Notice of Assessments" for my household, received from the Canadian Revenue Agency

I certify that the information I have provided on behalf of the patient/or for my eligibility is correct. I also give permission to allow the Nova Scotia Department of Health and Wellness or agents acting on its behalf to review my financial information for the purposes of determining if I am eligible to have my service fee from the EHS Ground Ambulance system waived on the basis of financial hardship.

Signature:
