

# Ambulance Fee Assistance Program

HOUSEHOLD SIZE  
*Number of people*

MAXIMUM INCOME

ASSESSED INCOME

1	27,352
2	38,682
3	47,375
4	54,704
5	61,161
6	66,998
7	72,367
8	77,363
9	82,056
10	86,495

## AMBULANCE FEE ASSISTANCE PROGRAM

There are options when paying your ambulance bill.

If you believe that paying the total amount of your bill will cause financial hardship, a repayment schedule will be offered.

If you are unable to pay the bill based on your level of income, you can apply to have the bill waived under the Ambulance Fee Assistance Program.

The Ambulance Fee Assistance Program will use your net household income as the primary eligibility test to determine whether you qualify.

*For more information or to get the appeal form, go to: [novascotia.ca/health/ehs](http://novascotia.ca/health/ehs)  
or call the EHS billing office at (902) 832-8337 or toll-free 1-888-280-8884  
Fax: (902) 832-2954  
Email: [ambulancebilling@emci.ca](mailto:ambulancebilling@emci.ca)*

## WORDS USED IN THE AMBULANCE FEE REGULATIONS

**Authorized representative** means any person acting on the applicant's behalf where the applicant has given written permission; or a person with enduring power of attorney or power of attorney for the applicant or the individual legal guardian appointed pursuant to the Incompetent Persons Act and shall not be an employee of the Nova Scotia Department of Health and Wellness unless that employee is acting on behalf of a member of their family.

**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.

## ELIGIBILITY - AMBULANCE FEE ASSISTANCE PROGRAM

*Effective May 1st, 2023*

### *The applicant must:*

- Be a resident of Canada.
- Not be a recipient of Employment Support & Income Assistance through the Nova Scotia Department of Community Services.
- Not be eligible for other federal/provincial government programs that cover the cost of ground ambulance transportation.
- Not be required to have third party insurance that covers the cost of ground ambulance transportation.

**Applicant means** the individual appealing a service fee invoice or their authorized representative.

**Net Income** means income from all sources (taxable and non-taxable) after all statutory and other employer deductions (CPP, EI, income tax, etc.) and health insurance premiums have been deducted. Line 23600 less line 43500 on your Notice of Assessment.

**Third party insured** means a resident or non-resident of Nova Scotia who is

- 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)

**The Ambulance Fee Assistance Program does not cover invoices for private calls where there was no hospital involved in the transport.**

## CONTACT US

*For all inquiries about Ground Ambulance service fees, please contact:  
EHS Billing Office 239 Brownlow Ave, Suite 103 Dartmouth, NS  
B3B 2B2 Phone: (902) 832-8337 Toll-free: 1-888-280-8884.  
Fax: (902) 832-2954 Email: ambulancebilling@emci.ca*