

What is a fee waiver?

A **fee waiver** means that Alberta Health Services will forgive some or all fees owed for goods or services.

You may be eligible for a fee waiver if:

- All other sources of funding have been exhausted and a negotiated payment plan has been explored
- You aren't eligible for any Federal/Provincial government, community-based programs and third party insurance that cover the charges
- You meet the terms below

There are 2 types of fee waivers

Financial Hardship - You may be eligible if:

- You are a Canadian resident
- You can't meet reasonable and immediate family living expenses from your current income

Humanitarian Grounds - You may be eligible if:

- You can't meet reasonable and immediate family living expenses from your current income
- You are a refugee, refugee claimant, rejected refugee claimant, or victim of trafficking in persons

Information you will need to fill out this form

- Your income information for the current and prior month, including tax return **and**, if it applies, the income information for your spouse, partner, or sponsor (*someone you depend on for financial support*) for prior month and current month
- A list of your assets and liabilities **and**, if it applies, a list of all assets and liabilities for your spouse, partner, or sponsor

Documents you will need to attach to this form (*Please make copies and keep the original of all your documents*)

Financial Hardship Only

- Copies of **2** different government issued identification (ID) for you - **1 must be photo ID**. Examples of accepted government-issued ID: driver's license, social insurance card, Alberta personal health care card, records of landing, passport, PR card, etc.

Humanitarian Grounds Only

- A copy of government-issued ID
- Proof of residency/immigration status (Interim Federal Health Program (IFHP) Certificate, Protected Person Status document, Notice of Decision (NOD) from the Immigration and Refugee Board, **or** Citizen and Immigration Canada Verification of Status (VOS) document)

Financial Hardship AND Humanitarian Grounds

- If you have a spouse, partner, or sponsor, you will need copies of **2** different government issued ID for them - **1 must be photo ID**
- If you have dependents, you will need **1** copy of government issued ID for each of them
A dependent is someone who lives with you, who you financially support and who is 18 old or younger OR who is under 20 years old and in grade school (kindergarten to grade 12)
- Proof of monthly household income source(s) for the last 3 months. **Include** the most recent Income Tax Notice of Assessment for you **and**, if it applies, your spouse, partner, or sponsor.
- The invoice (*if you have one*) for AHS charges you would like waived

Statutory Declaration

- Page 7 of this form has a statutory declaration
- This page must be witnessed by a commissioner for oaths

- Fill in pages 2 to 6 and then print the whole form *(including pages 7 and 8)*
- Sign page 6 in ink
- Make sure the statutory declaration on page 7 is filled out properly *(see instructions on page 1)*
- Attach all documents in the list on page 1
- You can scan and email the complete application to AHS_Collections@ahs.ca or mail it to:
AHS Collections
P.O. Box 1260, Station Main
Edmonton Alberta T5J 2M8
- Applications should be submitted as soon as possible and no more than 75 days from when you received the invoice.
- Alberta Health Services may ask you for more information during the application process. Failure to submit the information within 30 days of request may lead to your application being rejected.
- You will be sent a letter letting you know whether you have been granted or denied a fee waiver

Which type of fee waiver are you applying for? *(see descriptions on page 1)*

- Financial Hardship
 Humanitarian Grounds

Tell Us About Yourself

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Health Care Number (PHN)	
Email Address <i>(optional)</i>	Phone	Birthdate <i>(yyyy-Mon-dd)</i>	

Marital Status

- Single - you have never been married
 Married - you and your spouse have had a ceremony that legally binds you to each other. Your marriage must be legally recognized in the country where it was performed **and** in Canada.
 Common-law - you have lived with your partner in a common-law relationship for a minimum of 1 year
 Widowed - your spouse has died and you have not re-married or entered into a common-law relationship
 Divorced - you are officially separated and have legally ended your marriage
 Separated - you are married but officially no longer living with your spouse

Contact Information

Would you like us to contact someone else instead of you about this application?

- No
 Yes - please give us their information

Contact Name

Address	City	Postal Code	Phone
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Tell Us Where You Live

Address	City	Postal Code
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Are you staying somewhere other than your address listed above?

- No
 Yes - if yes, please tell us the address ▼

Address (or name of Alberta Health Services Facility)	City	Phone
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Health information and personal information collected on this form will be used to process your application for Financial Hardship Fee Waiver. Collection of this information is authorized under section 20(b) of the Health Information Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. In addition, AHS collects your personal health number under section 21(1)(a) of the Health Information Act. If you have any questions about this collection, please ask your care provider or contact AHS Billing and Cash Collections: P.O. Box 1260 Station Main, Edmonton, AB T5J 2M8; phone at 1-877-506-3230 or email ahscollections@ahs.ca

Provide information about your Spouse, Common-Law Partner, or Sponsor

If you have a spouse, common-law partner, or sponsor please tell us about them ▼

Name	Phone	Birthdate (yyyy-Mon-dd)
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If you have dependents, please add the information below

A dependent refers to someone who:

- is living with you
- you financially support
- is under 18 years old **OR** under 20 years old and in grade school (*kindergarten to grade 12*)

Name	Relationship	Age

For Humanitarian Grounds Only - Immigration Status

What is your status? <input type="checkbox"/> Rejected Refugee Claimant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Victim of trafficking in persons <input type="checkbox"/> Refugee Status <input type="checkbox"/> Other (<i>specify</i>) _____	When did you arrive in Canada? (yyyy-Mon-dd) When did you arrive in Alberta? (yyyy-Mon-dd)
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Tell Us About Your Healthcare Costs

Do you have an invoice for charges from Alberta Health Services?

- No - provide details below ▼ Yes - attach the invoice to this application

What kind of service did you receive from Alberta Health Services?

When were you charged for the services? (yyyy-Mon-dd)	Amount \$
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Please tell us any reason(s) that may be making it hard for you to meet the cost of these health services.

Income

Please fill in all household income for prior month and current month

Monthly Source	Your Monthly Income		Spouse, Partner, or Sponsor Monthly Income	
	Prior Month	Current Month	Prior Month	Current Month
Salary/Wages				
AISH				
Canada Pension (<i>CPP/PP-D</i>)				
Old Age Security				
Guaranteed Income Supplement				
AB Seniors Benefit				
Spousal Allowance				
Survivor Benefits				
Foreign/Private Pension				
Registered Retirement Pension (<i>RRSP/RRIF</i>)				
Investment/Annuity/Interest/Dividends				
Veterans Affairs Canada Pension				
Social Assistance/Alberta Works (<i>SFI</i>)				
Employment Insurance (<i>EI</i>)				
Farm Income				
Business Income				
Child Tax Credit				
Child Support/Alimony				
Treaty Payments				
Workers Compensation (<i>WCB</i>)				
Insurance Payout				
Other Income (<i>Rentals, GST rebates, etc</i>)				
Total Monthly Income				

Assets		
What is the current market value of all assets in the household		
	Your Assets	Spouse, Partner, or Sponsor Assets
Cash/Bank Accounts		
Non Registered Stocks		
Bonds		
Pension		
RSP or Other Registered Funds		
Accounts & Notes Receivable		
Life Insurance		
Vehicle(s) <i>(cars, trucks, motorcycles, trailers, motor homes, boats, etc.)</i>		
Corporate /Business Interest <i>(any interest you hold, directly or indirectly, in any corporation, unincorporated business, partnership, trust, joint venture etc.)</i>		
Real Estate <i>(any interest in land, including leasehold interests and mortgages, whether or not you are registered as owner. Include the estimated market value of your interest)</i>		
Other <i>(assets not listed above)</i>		
Total Assets		

Liabilities		
Write down the current market value of all liabilities in each section		
	Your Liabilities	Spouse, Partner, or Sponsor Liabilities
Secured Debts <i>(mortgages, lines of credit, car loans, and any other debt secured against an asset that you own)</i>		
Unsecured Debts <i>(bank loans, personal loans, lines of credit, overdrafts, credit cards, and any other debts that you have)</i>		
Other <i>(any further debts, including obligations relevant to a claim for undue hardship – e.g. car lease payment)</i>		
Total Liabilities		

Note: Attach additional pages if more space is needed.

Declaration and Acknowledgement

- The information on this application describes the financial and household situation for:
 - me or the person for whom I am the Financial Administrator
 - my spouse/partner/sponsor
 - my dependents
- I am not eligible for any Federal/Provincial government programs that cover the fees for which the waiver is being sought
- When receiving recurring waivers, I will tell Alberta Health Services as soon as possible about:
 - all extra money that I or anyone in my household receive from any source
 - any changes in my household situation
- I understand that if there is an administrative error, Alberta Health Services has the right to bill for fees that were wrongly waived.
- I understand I have the right to appeal a decision within 30 days of being informed of the decision.
- I understand that Alberta Health Services and/or Alberta Health Services contracted services may get information about my situation to:
 - see my eligibility for waivers
 - do a review or investigation relating to eligibility or continuing eligibility for waivers
- I understand that Alberta Health Services may review or investigate my eligibility. I acknowledge that I must give the information or documents Alberta Health Services needs to verify any statement that is made on this application.
- If I am a Financial Administrator or other legal representative, I understand what this Declaration means as it applies to the applicant.
- I understand that giving false or incomplete information or not advising of changes in my situation may cancel my application.
- I understand that it is my responsibility to make sure any changes in my situation that may affect this application are reported to Alberta Health Services.
- I understand that Alberta Health Services may collect, use, and disclose personal information with credit reporting agencies and credit bureaus for the purpose of assessing and updating credit-worthiness, managing credit risk, reporting nonpayment of financial obligations and deterring fraud.
- I authorize the Credit Bureau to release my credit history to Alberta Health Services. The information will be relevant to determine and verify eligibility for waivers under the Hardship program.

I declare that I understood the questions asked and that the information on this application and supporting documentation is true and complete.

Applicant Name	Signature	Date (yyyy-Mon-dd)
Spouse, Partner, or Sponsor Name	Signature	Date (yyyy-Mon-dd)

If you have specified a contact other than yourself on page 2 AND they are a Financial Administrator (person who is appointed by you or a government official to manage your funds if you are not able to do so) they must sign below.

Financial Administrator Name	Signature	Date (yyyy-Mon-dd)
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Statutory Declaration

- This statutory declaration witnessed by (or signed in front of) a commissioner for oaths.
- You may complete the Applicant Information section on your own, **but must sign the form** in front of a commissioner for oaths, including but not limited to a lawyer, student-at-law, police officer, judge, notary public, or most elected politicians.

Applicant Information

Full Name

Address

- I do solemnly and sincerely declare the information I gave in the application attached to this statutory declaration is true and correct.
- I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and

Signature

To be Completed by the Commissioner for Oaths/Notary Public

I confirm that this was declared before me

Date *(yyyy-Mon-dd)*

City/Town

Name *(print or stamp in the box on the left)*

Signature

Appointment Expiration Date *(yyyy-Mon-dd) or stamp in the box on the left*

Place Stamp Within Box

For Office Use Only
Financial Summary

Total Current Monthly Income	\$
One Time Waiver	\$
Ongoing Monthly Income	\$
Ongoing Waiver <i>(estimation)</i>	\$
Program/facility providing service(s)	Address

For Ongoing Waivers Only

Waiver Start Date *(yyyy-Mon-dd)* _____
 Waiver End/Review Date *(yyyy-Mon-dd)* _____

Recommendation of Social Worker/Designate

To qualify the applicant must be a refugee, refugee claimant, rejected refugee claimant, or victim of trafficking in persons **and** cannot be eligible for any government or non-government agency funding to cover charges.

Do you recommend this applicant for a fee waiver? <input type="checkbox"/> No <input type="checkbox"/> Yes	Comments	
Name of Social Worker/Designate	Signature	Date <i>(yyyy-Mon-dd)</i>

Decision

Approved ► Effective date *(yyyy-Mon-dd)* _____
 Not Approved ► *(provide explanation)* _____

Name of Financial Operations Approver

Signature	Date <i>(yyyy-Mon-dd)</i>
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Notification of Decision

Notified	Date <i>(yyyy-Mon-dd)</i>
Applicant	
Program/Facility	

Reference Numbers

Program Area	Finance Operations
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