

12513 State Route 250N
Milan, Ohio 44846
Phone: 419-663-1367 Fax: 419-499-2664

To qualify for a 20% discount, please fill out the information below, sign and return to North Central EMS via mail or fax.

Name: _____ Daytime Phone: _____

Date of Birth: ____ / ____ / ____ Account Number: _____

This Affidavit is a legal document. By signing this Affidavit, you are declaring that the following information is correct:

Family/Household Size: ____ Estimated Gross Income Past 12 Months: _____

Please attach proof of income. Acceptable forms of proof of income include: 1) check stubs, 2) a recent income tax return or W-2, 3) a signed statement from the patient or account guarantor stating their income or how they are supported, 4) acceptance into an income-based government assistance program.

_____ (print name of applicant) hereby declare that the information, annual income and family size, provided here is a true representation of my gross income for the time period noted.

Signature: _____ Date: _____