



## Travis County STAR Flight



7800 Old Manor Road  
Austin, TX 78724  
[www.starflightrescue.com](http://www.starflightrescue.com)

**Dispatch 1-800-531-STAR**  
Administration (512) 854-6464  
Fax (512) 854-6466

Dear **STAR Flight** client:

The process for applying for financial assistance with your outstanding bill for services from Travis County **STAR Flight** begins with filling out the attached Personal Financial Statement.

Once we have received your complete and notarized financial statement, we will enter your request for assistance in to the financial assistance process. Your billing account will be placed on hold and you will not receive invoices during this period.

You may submit your personal financial statement via U.S. mail to:

Travis County **STAR Flight**  
7800 Old Manor Rd.  
Austin, TX 78724

Or via fax to 512-854-6466 or via email to [Lauren.Hill@traviscountytexas.gov](mailto:Lauren.Hill@traviscountytexas.gov).

If you wish to submit a personal letter with your financial statement, we welcome it. The financial assistance process involves a review of the patient chart as well as any additional information you may provide. The County Executive for Emergency Services, Charles Brotherton, will make a determination on the status of your account and then you will be contacted to discuss the outcome.

If you have comments, questions or concerns, please feel free to contact me.

Thank you,

**Lauren Hill, Executive Assistant**  
Charles C. Brotherton, County Executive  
Travis County Emergency Services  
[Lauren.Hill@traviscountytexas.gov](mailto:Lauren.Hill@traviscountytexas.gov)  
Desk (512) 854-1214

Personal Financial Statement  
for application for consideration  
for Financial Assistance  
Travis County *STAR Flight*

**I. PATIENT INFORMATION**

<b>NAME</b>		<b>DEPENDENT(S) LIST NAMES &amp; AGES</b>	
<b>ADDRESS</b>			
If the patient is a minor or if another party is financially responsible, provide contact information in the box to right.			
<b>DATE OF BIRTH</b>		<b>NEXT OF KIN/ RELATION</b>	
<b>DRIVER'S LICENSE # / STATE</b>		<b>NEXT OF KIN'S HOME PHONE #</b>	
<b>HOME PHONE #</b>		<b>NEXT OF KIN'S ADDRESS</b>	
<b>SPOUSE'S NAME</b>			

**II. EMPLOYMENT INFORMATION**

	PATIENT	SPOUSE or OTHER ADULT
<b>EMPLOYER NAME</b>		
<b>ADDRESS</b>		
<b>BUSINESS PHONE</b>		
<b>OCCUPATION</b>		
<b>DATE EMPLOYED</b>		
<b>PAY DAYS</b>		

### III. ASSET/LIABILITY INFORMATION

#### VEHICLE(S)

Make/Model/Year License Plate #	Current Market Value [Kelly Blue Book]	Liability/ Balance Owed	Monthly Payment Amount	Name & Address of Finance Company, Lien, or Note Holder
<b>TOTALS</b>			\$	

#### CHARGE ACCOUNTS, UNSECURED LOANS AND SECURED LOANS

Include judgments, notes, taxes, business loans and any other debts not previously listed

Creditor/Address	Current Balance	Monthly Payments	Current Status	Collateral
<b>TOTALS</b>		\$		

**ADDITIONAL INFORMATION:** Please include court proceedings, recent transfer of assets; information on trusts, estates, profit sharing plans, etc. on which you are a participant or beneficiary.

Other Information:	Have you ever filed Bankruptcy?
	If Yes: Attorney's Name and Phone Number

	Bankruptcy Number	Date Filed:
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#### REAL PROPERTY

	Address/ County	Value	Mortgage Balance	Mortgage Holder
Homestead				
Other Real Estate				

ASSET/LIABILITY  
INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. MONTHLY INCOME & LIVING EXPENSE INFORMATION**

INCOME			EXPENSES	
Monthly Wages/Salary	GROSS	NET	Rent/Mortgage <i>(*please circle one)</i>	\$
Patient	\$	\$	Groceries	\$
Spouse <i>or</i> Other Adult	\$	\$	Utilities	\$
Interest/ Dividends	\$	\$	Transportation	\$
Rental Income	\$	\$	Medical Expenses	\$
Pension/ Retirement	\$	\$	Insurance	\$
OTHER INCOME SOURCE			OTHER (SPECIFY)	
Notes Receivable	\$	\$	Charge Account(s)/Loan(s) <i>(page 2 totals)</i>	\$
Royalty Income	\$	\$	Vehicle(s) <i>(page 2 totals)</i>	\$
Other (specify)	\$	\$		\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>

\* If you rent, please provide name, address, and phone number of your landlord or apartment complex.

Name	Address	Phone #
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**V. GENERAL FINANCIAL INFORMATION**

Bank Accounts: Include all accounts, checking, savings, IRA's, certificates of deposit at all banks, savings & loans or credit unions.

FINANCIAL INSTITUTION & LOCATION	Type of Account	ACCOUNT #	BALANCE

## VI. SERVICE INFORMATION

Please provide the following information related to the service that was provided.

<b>DATE OF SERVICE</b>		<b>TOTAL BILLED</b>	
<b>TYPE OF TRANSPORT</b>	<input type="checkbox"/> 9-1-1/SCENE RESPONSE <input type="checkbox"/> TRANSPORT FROM HOSPITAL TO HOSPITAL		
<b>INSURANCE PROVIDER 1 NAME</b>		ACCOUNT NUMBER	
AMOUNT OF PAYMENT BY INSURANCE		AMOUNT PAID BY PATIENT	
<b>INSURANCE PROVIDER 2 NAME</b>		ACCOUNT NUMBER	
AMOUNT PAID BY INSURANCE		AMOUNT PAID BY PATIENT	
<b>INSURANCE PROVIDER 3</b>		ACCOUNT NUMBER	
AMOUNT PAID BY INSURANCE		AMOUNT PAID BY PATIENT	
<b>VEHICLE INSURANCE PROVIDER 1</b>		ACCOUNT NUMBER	
AMOUNT PAID BY INSURANCE		AMOUNT PAID BY PATIENT	
<b>TRAVEL INSURANCE PROVIDER</b>		ACCOUNT NUMBER	
AMOUNT PAID BY INSURANCE		AMOUNT PAID BY PATIENT	
<b>HOMEOWNERS INSURANCE PROVIDER</b>		ACCOUNT NUMBER	
AMOUNT PAID BY INSURANCE		AMOUNT PAID BY PATIENT	
<b>PROPERTY TAX PAID IN TRAVIS COUNTY/YEAR</b>		<b>REMAINING TOTAL BALANCE</b>	

**DO NOT SIGN UNIL DIRECTED BY THE NOTARY**

**CERTIFICATION**

“By signing below, I acknowledge that I have completed this financial statement with the intent that Travis County, or employees of Travis County, should rely on the information it contains in granting the forbearance requested. I affirm that the information provided to you in this financial statement, and any attached documentation, is complete and true and I authorize you to verify and investigate this information.”

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Spouse’s Signature)\*

\_\_\_\_\_  
(Your Social Security Number)

\_\_\_\_\_  
(Spouse’s Social Security Number)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*Or other adult contributor to household income.**

## VERIFICATION

Before me, the undersigned notary, on this day personally appeared \_\_\_\_\_, a person whose identity is known to me. After I administered an oath to him, upon his/her oath he/she said he read the foregoing *Application for Payment Plan or Financial Hardship* and that the facts stated in it are within his/her personal knowledge and are true and correct including any attached supplemental materials.

SUBSCRIBED AND SWORN TO BEFORE ME and in witness thereof, I affix my seal of office and give my hand this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas