

**REGULAR CITY COUNCIL
WORK SESSION MEETING**
November 28, 2023
6:00 PM
City Hall



Mayor:
Leah Juarez
Council President:
Sara McCarthy
Council Members:
Cherie Butcher
Brad Neumiller
Tim Sutherland

AGENDA

CALL TO ORDER

AGENDA ITEMS

1. Mayor:

Ambulance Forgiveness Letter

ADJOURNMENT

AGENDA SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the Americans with Disabilities Act, persons who need accommodation in order to attend or participate in this meeting should contact City Hall at 307-234-6679 within 48 hours prior to the meeting in order to request such assistance.

Mills Fire Department
PO Box 789
Mills, WY 82644

Subject: Acct 23-55971,, Request for Financial Forgiveness for Medical Bills

Dear Mills Fire Department

I hope this letter finds you all in good health and high spirits. I am writing to you with utmost humility and sincerity to request your kind consideration for financial forgiveness regarding my outstanding medical bills.

I want to start by expressing my gratitude for the exceptional care and support I received from your emergency providers during my recent medical crisis. The dedicated professionals went above and beyond to ensure my well-being, and for that, I am truly grateful.

Unfortunately, the burden of medical expenses has been overwhelming for me and I am unable to meet the financial obligations associated with the medical treatments I received. I am an unemployed, uninsured, full-time student relying on my grandparents for financial support. The unexpected nature of my accident, coupled with the denial of my previous insurance (lapsed July 31st), costs of hospitalization and medications have added an untenable burden to my already extremely limited financial resources.

I understand that service providers like yours have policies and procedures in place to address such situations. I completed all the requested forms I was aware of, including care credit, and submitted them promptly to the facility where my surgery was performed. I just received the Care Credit letter of denial which I have enclosed. Currently, I kindly request your compassionate consideration for financial forgiveness for the debt I owe. I assure you that I am unable to make payments without sacrificing basic necessities. As I previously mentioned, my grandparents are my only financial support.

I am willing to provide any additional documentation or financial information that may assist you in evaluating my request. I am also open to exploring any available assistance programs that could help alleviate my financial burden.

I firmly believe that your commitment to compassionate care extends beyond the initial emergency treatment. I genuinely hope that you will empathize with my situation and understand the trying circumstances I find myself in. Your support would not only alleviate my financial stress but also enable me to move forward with my life, focusing on my complete recovery and building my financial stability.

Once again, I express my heartfelt gratitude for your attention and consideration. May you continue to provide excellent care to those in need, and may your generosity touch many lives. Thank you for taking the time to consider my request. I eagerly anticipate a positive response from your emergency service providers.

Yours Sincerely,

Kylie N. Brown

2/20/23 tried to sign on to website after phone number yielded recording (twice)

Item #1.



MILLS FIRE DEPARTMENT
QMC-OMA
1400 Lebanon Church Road
Pittsburgh, PA 15236
ADDRESS SERVICE REQUESTED

August 18, 2023

519737493



KYLIE N BROWN
3740 S COFFMAN AVE
CASPER WY 82604-4978

REMIT TO:
MILLS FIRE DEPARTMENT
c/o QMC-Omaha
1400 Lebanon Church Rd
Pittsburgh PA 15236-1455



PATIENT NAME		BALANCE	
KYLIE N BROWN		\$1,654.00	
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
23-55791	08/09/2023	08/18/2023	\$

REQUEST FOR INSURANCE AND AUTHORIZATION

Dear KYLIE N BROWN,

Our records indicate you were treated by Mills Fire Department on the above date. We do not have on record any information to forward this claim to your insurance provider on your behalf. Please fill out this form and return AS SOON AS POSSIBLE so we may forward this claim to your insurance provider. You may also call our office at 1-877-367-9111 with this information.

If you do not have insurance, the balance due is your responsibility and must be paid in full upon receipt of this form.

IF NOT IN SERVICE

Primary Insurance

Ins. Company: Denied/Medicaid

Address: Termed 7/31/23

City/State/Zip: _____

Phone#: _____

Subscriber ID#: _____

Group #: _____

Subscriber Date of Birth: _____

Secondary Insurance

Ins. Company: _____

Address: _____

City/State/Zip: _____

Phone#: _____

Subscriber ID#: _____

Group #: _____

Subscriber Date of Birth: _____

INSURANCE AUTHORIZATION

I request that payment of authorized Medicare or other insurance benefits be made either to me or on my behalf to Mills Fire Department for any services furnished me by that health service supplier now, in the past, or in the future. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents or other insurance companies any information needed to determine these benefits or the benefits payable for related services now, in the past, or in the future.

I also assign Mills Fire Department the right to appeal all claims determinations or denials on my behalf. I understand that I am financially responsible for the services rendered by Mills Fire Department and agree to immediately remit all payment I receive from my insurance or other benefits provider to Mills Fire Department. A copy of this authorization is as valid as the original.

SIGNATURE: _____ DATE: _____

*****Complete below if the patient is unable to sign*****

REASON WHY PATIENT CANNOT SIGN: _____

RELATIONSHIP TO PATIENT: (if unable to sign) _____
(I understand if I am signing on behalf of the patient, that I am not financially responsible for payment)

1PPQUIC05INSREQ

You can also complete or update your information online at:



Online at > www.911bill.com
Company Code: NJ2

3

SAYS unable to locate

Mills Fire Department
 Billing Office
 (800) 367-9111

September 28, 2023

Kylie N Brown
 3740 S Coffman Ave
 Casper WY 82604-4978

ACCOUNT INFORMATION

Item #1.

Patient Name: Kylie N Brown
 Run Number: 23-55791
 Date of Call: 08/09/2023

Primary Payor: Private Payment
 Secondary Payor:

BALANCE DUE \$1,654.00

YOUR ACCOUNT IS 30 DAYS PAST DUE

This balance is now 30 days past due and needs your attention. If you have questions about this balance or need to set up a payment plan, please contact our office immediately at (800) 367-9111. Please refer to your run number on all correspondence.

Description	Qty.	Price	Contractual Allowance	Amount
A0427 ALS 1 Emergency Base Rate	1	1,500.00	0.00	1500.00
A0425 Ambulance Mileage	7	154.00	0.00	154.00

BALANCE DUE \$1,654.00

PLEASE DETACH AND RETURN COUPON BELOW WITH PAYMENT

190PPQUIC05PD30



MILLS FIRE DEPARTMENT
 QMC-OMA
 1400 Lebanon Church Road
 Pittsburgh, PA 15236
 ADDRESS SERVICE REQUESTED



Pay Online > www.911bill.com

Company Code: NJ26

PATIENT NAME		BALANCE	
Kylie N Brown		\$1,654.00	
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
23-55791	08/09/2023	09/28/2023	\$

September 28, 2023

542543624



Kylie N Brown
 3740 S Coffman Ave
 Casper WY 82604-4978

Make Checks Payable to:

MILLS FIRE DEPARTMENT
 PO Box 18449
 Pittsburgh PA 15236-0449





You can get this notification in Spanish or in large print if that's best for you.
Call 855-294-2127 (TTY/TDD:855-329-5204).

Melani Janelle Brown
PO Box 51162
Casper WY 82605

Date: August 11, 2023
Application Date: September 14, 2016
Case Number: 833520

Update for you and/or your family

We have recently processed your application for medical benefits. It was determined, based upon current eligibility requirements, that:

Melani Brown and Kylie Brown

do not qualify for Medicaid. This is because:

Kylie and Melani do not meet the eligibility criteria under any of the Medicaid coverage groups, as defined in the Wyoming State Plan.

We based our decision on the following authority: Wyoming State Plan, 42 CFR 431.10, and Title 19 of the Social Security Act.

Health coverage - and help paying for it - may still be available through the new Health Insurance Marketplace. We are sending your application to them. They will let you know if you qualify. If you have questions, please call 1-800-318-2596 or (TTY/TDD:1-855-889-4325).

If you think we made a mistake

You can ask for a review of our decisions about health coverage for Melani and Kylie, including whether they qualify for Medicaid coverage.

You have 30 days to ask for a review of these decisions. To ask for a review:

- Call us at 855-294-2127 or (TTY/TDD:855-329-5204).
- Go to <https://www.wesystem.wyo.gov>.
- Send us a fax at 855-329-5205
- Send or bring to 3001 E. Pershing Blvd, Suite 125, Cheyenne, WY 82001



7:46



September 26, 2023

KYLIE N BROWN
3740 S COFFMAN AVE
CASPER WY 82604-4978

9499

DDCNSUSE

DNTLJ69P59

Dear KYLIE N BROWN,

We have received your request for a credit product with CARECREDIT issued by Synchrony Bank. Unfortunately, we are unable to approve your request at this time.

Your request was denied for the following reason(s):

Insufficient income in relation to debt obligations

Some information used to make this decision was obtained from the consumer reporting agency (agencies) listed below. This consumer reporting agency (agencies) did not make this credit decision and is unable to provide you with the specific reason(s) for our action. If you believe there may be information on your credit bureau that is not correct, we suggest you contact the consumer reporting agency below to verify the information. If more than one agency is disclosed the reason(s) shown are based on the report provided by the first listed agency.

T.U. CONSUMER RELATIONS
2 BALDWIN PLACE, PO BOX 1000
CHESTER, PA 19016
800-888-4213

Sincerely,

Synchrony Bank