Grand County Ambulance Service

P O Box 1457 Granby, CO 80446

(970) 887-0158 ▪ (970) 887-0175 Fax

Financial Status Report

Patient Name:_____

Patient Number: _____
Call Number: _____
Balance Due: _____

Please explain why you are requesting financial assistance with this bill.
Additional information will be requsted to assist us in making our decision.

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Signature_____Date_____

" Professional Care with a Personal Touch "