

"A Community

www.epems.org

East Pennsboro Ambulance Service &
West Shore Advanced Life Support Subscription

Ambulance Service"

\$70.00 Dues

Ambulance service for residents of East Pennsboro Township is supported through a paid subscription program. The subscription year runs from September 1, 2011 through August 31, 2012. The subscription fee is \$70.00 and includes coverage by East Pennsboro Ambulance Service, Inc. (EPAS) and West Shore Advanced Life Support (WSALS).

EPAS and WSALS are committed to provide comprehensive emergency pre-hospital services to meet the needs of you and your loved ones. We employ qualified emergency medical practitioners and utilize trained volunteers from the community to staff our ambulances.

This annual subscription drive is a significant source of funding. Your subscription assists EPAS and WSALS to purchase new and replacement vehicles, state-of-the-art equipment and to provide ongoing emergency medical service education to our employees and the community.

Benefit of Subscription

Subscription covers emergency transportation to the nearest hospital within Dauphin or Cumberland County. Emergencies include but are not limited to chest pain, severe bleeding, fractures, shortness of breath, etc. for your family members living with you. When in doubt as to whether or not your condition warrants an emergency transport, DIAL 9-1-1.

If East Pennsboro Ambulance Service is unavailable at the time of your emergency we have mutual aid agreements with surrounding ambulance services. We also have subscription reciprocity with most of the ambulance services in the surrounding area.

ATTENTION: MEDICARE RECIPIENTS

Paramedic intercept (ALS) service is not separately reimbursed in Pennsylvania by the Medicare program. West Shore ALS will bill the patient for paramedic intercepts (ALS) if the patient is **NOT** a member at the time of service.

Third Party Billing

East Pennsboro Ambulance Service and West Shore ALS reserve the right to bill any available third party insurance benefit. If payment by your carrier is sent directly to you, it is your responsibility to forward the payment to us along with the "Explanation of Benefits" form.

Upon use of our ambulance services, all paperwork for your insurance carrier will be handled by our billing company. Additional information may be requested of you in order to submit your claim. Your prompt response will be appreciated.

You may contact the Administration Office of East Pennsboro Ambulance Service for additional information on subscriptions, billing and transportation services. Our telephone number is (717) 732-5552; Monday thru Friday 8:00 A.M. to 4:00 P.M. The ambulance service is located at 750 S. Humer Street, Enola.

Non-Emergency Transports

Non-Emergency medical transportation is available for any medical purpose such as:

- Doctor, Dentist or Eye Appointment
- Hospital Discharge/Admission
- Interfacility Transfers
- Physical Therapy
- Dialysis
- Nursing Home Transfers
- Out-Patient Visits

This medical transport service is not covered by ambulance subscription or most insurances, therefore, payment is the responsibility of the patient.

Subscribers of the ambulance service do receive discounts on their non-emergency transports. Please call 732-5552 for Non-Emergency transport rates and to schedule non-emergency transports. It is recommended that you call as early as possible to insure our availability to accommodate you.

Keep in mind that most emergencies occur without warning! Your paid subscription will assure that East Pennsboro Ambulance Service will be there - when you need us!

Name (Please Print) LAST FIRST MI

SUBSCRIPTION from SEPTEMBER 1, 2011 to AUGUST 31, 2012

Subscription is not valid unless payment is received by East Pennsboro Ambulance Service.

Address _____

P.O. Box/Apt. _____ Phone No. _____

_____ Zip _____

Make checks payable and mail to :
 East Pennsboro
 Ambulance Service
 P.O. Box 47
 Enola, PA 17025

ALS & BLS - Subscription
 Dues \$ 70.00
 Donation \$ _____
 TOTAL \$ _____
 Check No. _____

For your convenience, we now accept Mastercard, Visa and Discover.

Card Type _____ Name on Card _____

Credit Card # _____

Expiration: ____/____ Amount to be charged: \$ _____ . ____

I agree to pay the above total amount according to card issuer agreement

X _____
Signature

Other members of family to be covered within household:

NAME	DATE OF BIRTH
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

AUTHORIZATION

I authorize that payment of qualified Medicare benefits or other insurance benefits be made on my behalf for any services furnished by East Pennsboro Township Ambulance and West Shore ALS. I also authorize any holder of medical information or documentation about me to release that information to the Health Care Financing Administration and its carrier and agents, as well as these health service providers, and any information or documentation needed to determine these benefits or benefits payable for services provided to me by these health service providers now or in the future.

X _____
Head of Household Signature

2011 SUBSCRIPTION FEE \$70.00 PER FAMILY

Family includes all members living in your household.

2011 Subscription provides emergency ambulance service from September 1, 2011 thru August 31, 2012.

Of the \$70.00 fee, \$35.00 supports East Pennsboro Ambulance Service and \$35.00 is sent to West Shore ALS per our contract with them to provide paramedic services to East Pennsboro Township. You are therefore a member of East Pennsboro Ambulance Service and West Shore ALS.

This subscription will cover you and your household only as long as the member is a resident of East Pennsboro township. The cost of the subscription is non-refundable.

How Do I Join?

Please complete the enclosed application and make sure all family members are listed with their complete name and birth date. **In order to process your subscription, the insurance authorization on the card must be signed.**

East Pennsboro Ambulance Service and West Shore ALS reserve the right to terminate this agreement for abuse of services which are not medically supported or failure to remit insurance monies received from member's insurance carrier.

Help Us - Help You! Subscribe Today!

**East Pennsboro Ambulance, Inc.
P.O. Box 47
Enola, PA 17025**

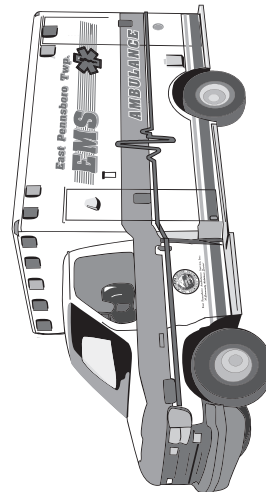
732-5552 - Information and Non-Emergency Transports
911 - Emergencies

Payment of subscription is due by August 31, 2011. Subscriptions not renewed by this date will be treated as non-subscribers until payment is received by EPAS, Inc.

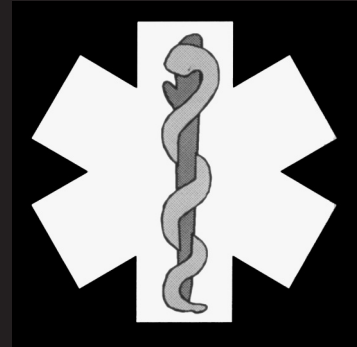
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East Pennsboro Ambulance Service, Inc.
P.O. Box 47
Enola, PA 17025

A "must have" for all residents - especially for Medicare Recipients!



EAST PENNSBORO AMBULANCE SERVICE, INC.



2011-2012 Subscription Drive



East Pennsboro
Ambulance Service, Inc.
"A Community Ambulance Service"
P.O. Box 47
Enola, PA 17025