



3231 FREEMANSBURG AVENUE PALMER PA 18045
 (800) 253-3548 Fax (610) 253-7115
 (610) 923-7500 Fax (610) 923-0515

Dear Residents of Palmer Township, Wilson Borough and West Easton Borough:

Suburban Emergency Medical Service is **your** non-profit community ambulance service providing the latest most advanced pre-hospital emergency care and non-emergency transportation services to the residents of Palmer Township, Wilson Borough and West Easton Borough. We have provided services to the area for the past 63 years ...24 hours a day, 7 days a week.

During this fall of each year Suburban Emergency Medical Services offers a subscription and donation program to the residents of the communities we serve to offset costs associated with funding of ambulances, building expenses, medical equipment and training of our volunteers and staff. ***Our services are not funded by your tax dollars, including the local services tax (also known as the emergency municipal services tax – EMST);*** therefore, your support will help guarantee that our life saving team will continue to provide emergency and non-emergency services of the utmost quality at the lowest cost possible to you.

Our subscription is now underway for:
January 1, 2017 through December 31, 2017

The cost of our annual subscription is \$30.00 for an individual or \$55.00 for a family covering everyone residing in your household. A benefit from subscribing is that your subscription fee is applied to cover any applicable coinsurance/deductibles up to **\$500 per emergency ambulance trip** that you would otherwise have to pay if you are not a subscriber. This is not an insurance policy.

We also offer reduced rates for medically necessary **non-emergency transportation** services for both wheelchair and ambulance.

Support your life saving team today... because your life may depend upon it tomorrow.

Sincerely,

Jeffrey Young
 Executive Director

“We Care, Every Hour, Every Day”

SUBURBAN
Emergency Medical Services, Inc.
PO BOX 3339 • PALMER, PA 18043-3339

**YOUR ANNUAL COMMUNITY
AMBULANCE SUBSCRIPTION**



SUBURBAN E.M.S.
2017
MEMBERSHIP CARD

Subscription Expires **DECEMBER 31, 2017**

Emergency: 911 Business: (610) 253-3548

Name: _____

Check #: _____

Amt: _____ Date: _____

MAKE CHECK PAYABLE TO: SUBURBAN EMS

SUBSCRIPTION SUMMARY

1. Unlimited **medically necessary** emergency ambulance/paramedic service.
2. Subscriptions are applied to cover co-payments and deductions up to \$500 per emergency trip.
3. Reduced rates for **medically necessary** non-emergency transports for wheelchair and ambulance.
4. This is not an insurance policy.

* Medical necessity is defined by the Center for Medicare and Medicaid services guidelines.

Detach bottom 2 portions and remit with payment in the enclosed envelope.

This Section Must Be Completed and Signed
In Order For Coverage To Take Effect!

PLEASE **PRINT** ALL FAMILY MEMBERS RESIDING IN YOUR HOME IN THE BOXES BELOW.

| | LAST NAME | FIRST NAME | | LAST NAME | FIRST NAME |
|----|-----------|------------|----|-----------|------------|
| 1. | | | 5. | | |
| 2. | | | 6. | | |
| 3. | | | 7. | | |
| 4. | | | 8. | | |

AUTHORIZATION

I authorize that payment of authorized Medicare Benefits or other insurance benefits be made on my behalf to Suburban E.M.S. for any ambulance services provided to me by Suburban E.M.S. I authorize any holder of medical information or documentation about me to release to the Center for Medicare and Medicaid Services (CMS) and its carriers and agents, as well as to Suburban E.M.S. any information or documentation needed to determine these benefits or benefits payable for any services provided to me by Suburban E.M.S. now or in the future.

SIGNATURE X _____ **DATE** _____

CHECK THE TYPE OF SUBSCRIPTION DESIRED

\$30.00 - Individual | \$55.00 - Family | **SUBSCRIPTION EXPIRATION** 12/31/17

PLEASE INDICATE ANY CHANGES IN NAME OR ADDRESS

**IN ADDITION TO YOUR SUBSCRIPTION, WOULD YOU
PLEASE CONSIDER A CHARITABLE DONATION** →

MAKE CHECKS PAYABLE TO: SUBURBAN E.M.S.

| |
|------------------|
| \$ |
| DONATION |
| SUBSCRIPTION FEE |
| TOTAL |

AMOUNT OF
ENCLOSED CHECK

DO NOT WRITE BELOW THIS LINE



SUBURBAN E.M.S.
PO Box 3339
Palmer, PA 18043-3339