

2020-2021

JEANNETTE E.M.S., INC.

SUBSCRIPTION MEMBERSHIP INFORMATION

"Proudly Serving Jeannette, Grapeville, portions of Hempfield Township"

"Your support truly helps."

PLEASE READ IMPORTANT CHANGES AFFECTING COVERAGE

DRIVE INFORMATION: Opens July 1. This subscription is in effect from September 1, 2020 and expires August 31, 2021.

As a subscriber in JEANNETTE E.M.S., you will receive 24-hour Emergency Medical Care. Subscription members will help assure the availability of ambulance equipment by providing financial support before medical help is needed. As a subscriber to the Jeannette E.M.S., Inc., you will receive discounts for services received.

TELEPHONE NUMBERS:

EMERGENCY911 (*Request Jeannette E.M.S.*)

Transfers 724-523-5501 ext. 10

Business Office:....724-523-5501 (Mon.-Fri. 9-3:30) Option 3 for billing questions. Option 4 for subscription questions.

RATES:

Household Membership...\$70.00 (covers you, your family and any guests that are visiting)

Single Membership\$45.00 (covers individual only) *If you would like your visitors to be covered by your subscription, consider upgrading to the family plan.*

CHARGES:

Advanced Life Support Service Non-Emergency	\$1100.00 to \$1200.00
Advanced Life Support	\$1100.00
Basic Life Support Emergency Basic	\$800.00
Life Support Non-Emergency	\$725.00
Mileage Charge (per loaded mile)	\$ 12.50
BLS Assessment (without transport)	\$150.00 (Non-Subscriber) \$ 75.00 (Subscriber)
BLS Treatment (without transport)	\$225.00 (Non-Subscriber) \$115.00 (Subscriber)
ALS Assessment (without transport)	\$325.00 (Non-Subscriber) \$160.00 (Subscriber)
ALS Treatment (without transport)	\$400.00 (Non-Subscriber) \$200.00 (Subscriber)
Lift Assist	\$ 50.00 (Non-Subscriber) \$ 25.00 (Subscriber)
Wheelchair Van Service	UNAVAILABLE

THIRD PARTY BILLING: Membership permits Jeannette E.M.S., Inc. to collect from any "third party agency" whatever benefits may be available.

Co-Payments: Non-Subscribers are responsible for 100% of their co-payments. Subscribers are responsible for 50% of their co-payment amount for emergency and for non-emergency transports.

Doctors' Office Visits: Most insurances DO NOT pay for ambulance transport to doctors' offices by stretcher, so please call our office to find out if your insurance plan covers it and if not, what your cost would be (Non-Subscribers pay full-price).

Deductibles: Are not covered by subscription and are the responsibility of the patient.

Hospital Discharge: Medicare guidelines state that you must be totally bed confined before and after the ambulance service to be covered (A completed verification of medical necessity is required by your physician).

DID YOU KNOW? Jeannette E.M.S. is a **charitable organization** that you can send donations to us through the United Way? Did you know the donations you make to us are tax deductible? We are an organization that is here to help the communities we service and we hope to be here for years to come, but it takes your assistance to help us.

Continuous Service Since 1962

**DISREGARD THIS IF YOU LIVE OUTSIDE OUR SERVICE AREA!
IF YOU ARE NOT SURE WHAT E.M.S. SERVES YOU, PLEASE CALL 724-523-5503. OPTION 4**

JEANNETTE E.M.S., INC. SUBSCRIPTION MEMBERSHIP APPLICATION

September 1, 2020 to August 31, 2021

Membership Plan Single \$45.00 / Family \$70.00

Head of Household Name _____

Please Print

Last Name

First Name

M.I.

Date of Birth

Address _____) _____

Number

Street

City

Zip

Home Telephone Number

E-Mail Address _____

(if applicable)

E-Mail address will be shared with no other person or organization.

Name _____ Birth Date _____ Relationship _____

Name _____ Birth Date _____ Relationship _____

Name _____ Birth Date _____ Relationship _____

Name _____ Birth Date _____ Relationship _____

Name _____ Birth Date _____ Relationship _____

Name _____ Birth Date _____ Relationship _____

List any extra family members on back and check box if additional family members are listed on back. I I

PLEASE READ AND SIGN THIS APPLICATION

I REQUEST THAT PAYMENT OF ANY AUTHORIZED INSURANCE BENEFITS BE MADE IN MY BEHALF TO THE JEANNETTE E.M.S., INC. FOR ANY SERVICES FURNISHED TO ME OR ANY FAMILY MEMBER LISTED ON THIS FORM BY THIS HEALTH CARE PROVIDER. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME OR MY FAMILY MEMBERS LISTED ON THIS FORM TO RELEASE TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR THE BENEFITS PAYABLE FOR RELATED SERVICES. I UNDERSTAND THAT JEANNETTE E.M.S., INC. RESERVES THE RIGHT TO THIRD PARTY BILL FOR SERVICES RENDERED TO ME OR MY FAMILY MEMBERS LISTED ON THE OTHER SIDE. AUTHORIZATION FROM YOUR PHYSICIAN IS REQUIRED TO USE AN AMBULANCE IN NON-EMERGENCY CASES. TRANSPORT RULES AND RATES ARE SUBJECT TO CHANGE WITHOUT NOTICE. I AM RESPONSIBLE FOR CO-PAYMENT BILLED TO ME OR MY FAMILY MEMBERS FOR NON-EMERGENCY TRANSPORTS. ALL TRANSPORTS ARE SUBJECT TO MILEAGE CHARGES. A SINGLE MEMBERSHIP COVERS THE SUBSCRIBER ONLY. WHEELCHAIR VAN TRANSPORTS ARE NOT PART OF YOUR SUBSCRIPTION. NO REFUNDS OR TRANSFERS TO OTHER E.M.S. SERVICE. IF PAYING BY CREDIT CARD, I AUTHORIZE JEANNETTE E.M.S., INC. TO CHARGE MY CARD FOR MY MEMBERSHIP FEE AND ANY DONATION GIVEN.

Signature _____ Date _____

Payment Method Check # _____ Cash Receipt# _____ Credit Card

Credit Card # _____ CVV# _____

Expiration Date _____ Billing Address Zip Code _____

Single Membership \$45.00 Family Membership \$70.00 Subscription Total _____

Tax Deductible Donation for Equipment and Building Expenses Donation Total _____

Any donation is greatly Total Payment Due _____

appreciated and tax deductible!

Thank you for your support!
