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Pocono Mountain Regional Emergency Medical Services

Subscription Program Terms and Conditions 2010 - 2011



Pocono Mountain Regional Emergency Medical Services (PMREMS) would like to thank all the community members that supported us last year. Your membership and donations make a difference.

No one expects to have to call 911 for a medical emergency but accidents happen and PMREMS is there 24/7 365 days a year. We are committed to serving our communities. Through your donations it makes it possible to have the absolute highest qualified personnel and life saving equipment.

PMREMS is a non-profit organization that provides (ALS) Advanced Life Support and (BLS) Basic Life Support to a 146.5

square mile coverage area. Emergency Services are provided to Tobyhanna, Coolbaugh, Tunkhannock, Paradise Townships and Mount Pocono Borough.

Last year PMREMS responded to 4700 emergency calls. This shows an increasing need for our services.

As the call volume increases so do the operating costs which include building and vehicle maintenance, equipment purchases, and training classes for our medical personnel. To help offset some of these costs and continue to give you the quality of care you deserve we turn to our communities for help.

You can help both yourself and our organization by participating in our subscription drive. Our subscription rate for 2010-2011

is \$55.00 per household and the coverage is active July 1, 2010 to June 30, 2011.

This coverage entitles your household to receive unlimited medically necessary transports without having to pay the co-pay or deductible associated with your medical insurance coverage. PMREMS will bill your insurance company directly.

Those with a subscription:

Will Not be responsible for any remaining balance such as co-pays and deductible which can amount to hundreds of dollars saved.

Those without a subscription:

Will be billed for the portion not covered by insurance.



Pocono Mountain Regional Emergency Medical Services 2010-2011

Name _____ Phone _____

Mailing Address: Street/P.O. Box _____

City and State _____ Zip _____

Residential Address _____

Credit Cards Accepted M/C, Visa Card # _____ Exp. ____/____

Subscription Rate **\$55.00**

Donation \$ _____

Check # _____

Your Contribution is Tax Deductible!

IF YOUR PROPERTY IS A RENTAL, PLEASE FORWARD TO TENANT

Medicare - Pays 80% of their fee schedule, leaving the patient with the 20% remaining balance. This 20% is waived if you are a subscriber. The \$55.00 annual fee covers this remaining amount for the specified time period.

Transportation Covered as Part of this Subscription is Limited to Emergency Ambulance Services:

Ambulance transportation covered in this subscription program is limited to emergency ambulance transportation to the closest appropriate medical facility and that is deemed "medically necessary" by the applicable insurance plan in which the subscriber is enrolled.

Payment Liabilities Not Covered Under the Subscription:

Insurance pays for ambulance transportation in accordance with the terms of your policy. In certain situations, a subscriber may be financially responsible for payment for ambulance transportation that is *not covered* by

your insurance, and you may not be advised of this non-coverage at the time of your transport. In cases where the transport is not medically necessary, you are uninsured, or where you were able to take another form of transportation, you will be financially responsible for the charge imposed by PMREMS, less a discount to be determined periodically by PMREMS.

PMREMS will honor other ambulance company subscription plans in cases where there is an existing Subscription Reciprocity and or Mutual Aid Agreement.

The official registration and financial information of PMREMS may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Disclaimer:

This subscription program is not a contract for the provision

of ambulance services. A mutual aid ambulance service may respond when our ambulance service is unavailable. This is not a solicitation for the offer or sale of an insurance product. The terms and conditions of this subscription program are subject to change without prior notice. Medicare beneficiaries may still be billed for copayments and deductibles if required by law. Medicaid beneficiaries are not eligible to participate in PMREMS's subscription program. All subscriptions are subject to acceptance by PMREMS and may be cancelled or revoked in PMREMS's sole discretion. The subscriber acknowledges that PMREMS will bill available third party insurance for services rendered and agrees to remit any third party insurance payments received directly by the subscriber for ambulance services provided by PMREMS to PMREMS.



Pocono Mountain Regional EMS Enrollment Form

Please list all family: Head of Household/Spouse and anyone under age 19

I apply for membership in the Subscription Program of PMREMS. I agree to the terms and conditions of the Subscription Program described above. I verify that I am not a Medicaid beneficiary. I request that payment of authorized Medicare or any other insurance benefits be made on my behalf to PMREMS for any ambulance services provided to me by PMREMS now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by PMREMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to PMREMS any payments that I receive directly from my insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to PMREMS. I authorize PMREMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to PMREMS, its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by PMREMS, now, in the past, or in the future. A copy of this form is as valid as an original.

Signature of primary subscriber

Privacy Practices Acknowledgement: By signing below, I acknowledge that I have received PMREMS's Notice of Privacy Practices.

SIGNATURE **X**

HEAD OF HOUSEHOLD SIGN HERE

RETURN THIS COMPLETED PORTION WITH PAYMENT