JERSEY SHORE AREA EMS

A Division of Citizens Hose Company of Jersey Shore
(570) 398-7471

2007 SUBSCRIPTION APPLICATION

AMT. REC. _____

CK. # _____
(Office Use)

Check One: ☐ **New** ☐ **Renewal**

TYPE OF SUBSCRIPTION: ☐ INDIVIDUAL $30.00 ☐ HUSBAND & WIFE $45.00 ☐ FAMILY $50.00 ☐ _____
(*Complete Section) *(A & B) *(A, B & C) *(A, B & C) DONATION

A. NAME _____
First MI Last

ADDRESS _____

CITY _____ ZIP _____ TWP. _____

PHONE # _____ DATE OF BIRTH ____/____/____

CREDIT CARD
☐ MasterCard ☐ VISA
☐ American Exp ☐ Discover
Card # _____
exp. date _____
3 digit CVV # _____

B. INSURANCE INFORMATION ☐ MEDICARE
APPLICANT # _____
SPOUSE # _____

☐ BLUE CROSS/BLUE SHIELD
APPLICANT # _____
SPOUSE # _____

☐ OTHER INSURANCE _____ POLICY # _____ GROUP NAME OR # _____

EMPLOYER'S NAME _____

C. DEPENDENT INFORMATION (MUST BE APPLICANT'S LEGAL SPOUSE OR CHILD UNDER 19 YEARS OR FULL TIME STUDENT.)

FIRST NAME	MI	LAST	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY #
1.					
2.					
3.					
4.					
5.					

ASSIGNMENT STATEMENT

I understand and agree to the terms as listed in the 2007 Subscription Agreement which I have received. I request that payment of authorized Medicare, Blue Cross/Blue Shield, Auto Insurance or other Third-Party benefits be made to Jersey Shore Area EMS, Jersey Shore, PA for any services furnished me by that supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration, its agents or any insurance I have, any information needed to determine these benefits or the benefits payable for related services.

_____ Signature of Applicant

_____ Signature of Spouse

Expires 3-31-08

Jersey Shore Area EMS 2007 SUBSCRIPTION AGREEMENT

This subscription program offered by Jersey Shore Area EMS is primarily designed as a fund raising effort to support the availability 24-hours a day provision of high quality emergency medical services. The subscription program is neither an insurance contract nor a solicitation of insurance premiums.

The subscription becomes effective upon receipt and acceptance of subscription application by Jersey Shore Area EMS. The subscription expires on March 31, 2008.

Subscribers are entitled to **unlimited emergency medical services** within the ambulance service coverage area. Hospitals in the coverage area: Jersey Shore Hospital, Susquehanna Health Systems, and Lock Haven Hospital.

Emergency ambulance service is subject to emergency vehicle availability, staffing, scheduling, equipment, and other system constraints.

Emergency responses always have priority over non-emergency services.

Non-emergency ambulance transportation will be provided when medically necessary and upon receipt of a Physician Certification Statement. Medical necessity guidelines are available upon request.

Non-emergency calls require a 24-hour notice and will be scheduled to accommodate vehicle and crew availability.

Non-emergency calls can be scheduled by calling 398-7471.

There is a 30-day waiting period on non-emergency transport coverage for all new subscribers.

SUBSCRIBER AGREES TO THE FOLLOWING:
Subscriber agrees and understands that the ambulance service reserves the right to bill for all reasonable and customary charges relating to services rendered to subscribers to any and all available reimbursement sources.

Provide all required primary and secondary insurance information to enable third party payments to be received for services rendered.

Sign an assignment statement to indicate a willingness to accept third party billing as a condition of being a subscriber.

Jersey Shore Area EMS will accept assignment on third party insurance claims for subscribers and the subscription fee will become the payment for any deductible and coinsurance not covered by the subscribers primary or secondary insurance.

Jersey Shore Area EMS, when possible, will send invoices for services rendered directly to the insurer or other medical benefits provider. In cases such as Blue Cross or any insurance that an invoice can not be submitted directly, the patient will receive the invoice and be responsible for submitting the invoice.

Subscribers are required to immediately remit to the ambulance service any and all reimbursement upon receipt from any third party insurance carrier or agency for services provided under the terms of the subscription program.

Subscriber will be responsible for payment of services not covered by the subscription.

A valid subscription provides protection against any unnecessary fees related to services provided by the ambulance service. Subscription coverage applies only to persons who accept the terms and conditions outlined in this agreement. This is not a solicitation to persons receiving medical assistance benefits.

Points of origin and destination of Non-emergency transports are:
- Home to Hospital in coverage area.
- Hospital to Hospital for direct admission.
- Hospital to Skilled Nursing Facility within 25 mile radius of Jersey Shore.
- From Skilled Nursing Facility to Hospital or Home.

SUBSCRIPTION WILL NOT COVER THE FOLLOWING:
- Trips to a Physician's Office.
- Trips to Hospitals out of the service area.
- Trips that do not meet medical necessity.
- Repetitive trips for dialysis and cancer treatment.
- Non-Emergency trips without a Physician Certification Statement at time of transport.

Dependents must meet the following criteria:
- Must be subscriber's legal spouse.
- children must be 19 years of age or less or a full time student.

SUBSCRIPTION COVERAGE IS SECONDARY TO THE SUBSCRIBERS PRIMARY AND SECONDARY INSURANCE.

PLEASE KEEP THIS SUBSCRIPTION AGREEMENT FOR FUTURE REFERENCE.

This is an Equal Opportunity Program. Discrimination is prohibited by law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C.