

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

JERSEY SHORE AREA EMS

2025 SUBSCRIPTION APPLICATION



AMT. REC. _____

CK. # _____
(Office Use)

Check One:

- New
 Renewal
 ** Cummings Twp. Resident **
 ** McHenry Twp. Resident **

TYPE OF SUBSCRIPTION:
(*Complete Section)

- INDIVIDUAL \$50.00 *(A & B)
 HUSBAND & WIFE \$80.00 *(A, B & C)
 FAMILY \$100.00 *(A, B & C)
 DONATION

CREDIT CARD

- MasterCard
 VISA
 Discover

Card # _____

Exp. Date _____

3 digit CVV # _____

A. NAME _____
First MI Last

ADDRESS _____

CITY _____ TWP. _____

PHONE _____ DATE OF BIRTH _____

B. INSURANCE INFORMATION

- MEDICARE APPLICANT # _____
 BLUE CROSS/BLUE SHIELD APPLICANT # _____
 SPOUSE # _____ 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
1.					
2.					
3.					
4.					
5.					

ASSIGNMENT STATEMENT

I understand and agree to the terms as listed in the 2025 Subscription Agreement that I have received. I request that payment of authorized Medicare, or any other insurance benefits be made on my behalf to JSAEMS for any services provided to me by JSAEMS. I authorize JSAEMS to appeal payment denials on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to JSAEMS and its billing agents, and/or the Centers for Medicare and its carriers and agents, and/or other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by JSAEMS for the terms of this subscription.

SIGN HERE **X** _____
Signature of Applicant ← REQUIRED FOR PROCESSING → Signature of Spouse Expires 3-31-26



Jersey Shore Area EMS 2025 SUBSCRIPTION AGREEMENT

This subscription program offered by Jersey Shore Area EMS is primarily designed as a fund raising effort to support the availability 24/7 of high quality emergency medical services. The subscription 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, 2026.

Subscribers are entitled to medically necessary medical services within the JSAEMS coverage area. Hospitals in the coverage area: Geisinger Jersey Shore, UPMC Williamsport, and UPMC Lock Haven.

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 570-398-0782.

There is a 30-day waiting period on non-emergency transportation 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, when possible, will send invoices for services rendered directly to the insurer or other medical benefits provider.

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. Uninsured Subscribers will be given a 30% discount on their total bill.

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.

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.

**** Residents of Cummings Twp. & McHenry Twp. ****
 2025 Subscription fee has been paid through township. See Cummings Twp. & McHenry Twp. for details.
Please Complete and Submit Application

Points of origin and destination of Medically Necessary 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.
- Full cost of uninsured subscriber's Ambulance service

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.

SUBSCRIBERS WITH NO INSURANCE WILL RECEIVE A 30% DISCOUNT.

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.