

**- SERVICES PROVIDED -**

Subscribers will be billed up to a \$50 co-pay for EMERGENCY services provided.

**What is an EMERGENCY?**

According to the Health Care Financing Administration (HCFA) the term "EMERGENCY" refers to a sudden onset of a medical condition manifesting itself by symptoms of such severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in the following:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

**Economy Ambulance Service, Inc. provides:**

- 24 hour ambulance service for you.
- Reduced rate medically necessary non-emergency transports.
- Submission of insurance claims for you.

**- THIRD PARTY BILLING -**

**How does Third Party Billing Work?**

Insurance companies will provide coverage for emergency ambulance services, but they are not in the business of "transportation." Every time you use our ambulance the billing department submits a claim on your behalf. Your insurance company will determine if it was deemed "medically necessary" to go to the hospital by ambulance. The insurance company processes payment for the "emergency" services rendered. Economy Ambulance Service accepts this payment.\* Non-members will be billed for the entire balance due.

If a claim is submitted and it is denied by your insurance company as not "medically necessary" (i.e. non-covered service or alternative means of transportation should have been utilized) members will be billed at a reduced rate. Non-members will be billed for the entire amount.

**Should I subscribe to Economy Ambulance Service if I have Medicare or other insurance?**

Medicare and most insurance plans will not cover 100% of the bills incurred for ambulance service.

**Non-Covered Services.**

Services not covered by the subscriptions are non-emergent such as:

- Hospital Discharges
- Transports to Physicians' Offices

These services are available to members at a reduced rate. Contact our business office for additional information.

- All members will be responsible for up to \$50 of co-payment.

***This is what non-members may have to pay.***

**- CURRENT RATES -**

Advanced Life Support . . . . .	\$1,000.00
Basic Life Support . . . . .	\$ 650.00
Mileage Charge per mile . . . . .	\$ 9.75
Lift Assistance . . . . .	\$ 225.00
Refusal . . . . .	\$250.00/450.00
Stretcher Van . . . . .	\$ 210.00
Mileage Charge per mile . . . . .	\$ 2.35

Additional Charges may be added for certain equipment or medication.

\*Member may be billed up to \$50.00 maximum.

**- QUESTIONS -**

Please direct all questions to our business office at 724-266-9111 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday, excluding holidays.

A copy of our Privacy Policy is available to all Economy Ambulance Consumers.

**THIS IS NOT A SOLICITATION FOR SUBSCRIPTIONS FOR PERSONS ON MEDICAID (PUBLIC ASSISTANCE).**

**ECONOMY AMBULANCE SERVICE, Inc.**

2060 Ridge Road Ext. • Ambridge, PA 15003

**In Case of Emergency CALL 911**

**REQUEST ECONOMY AMBULANCE**

**Business Office: 724-266-9111**

**- ECONOMY AMBULANCE'S MISSION -**

Economy Ambulance Service exists to serve our community's need for comprehensive pre-hospital emergency medical service. Our purpose is to save lives and to reduce human suffering. As care-givers, Economy Ambulance's professional staff will treat patients in need, with skill and compassion, and transport them safely and efficiently to nearby health care facilities. Economy Ambulance Service is dedicated to excellence in pre-hospital care.

**2018 SUBSCRIPTION FEE:**

**Family - \$60.00**

**Individual - \$40.00**

This subscription fee will provide unlimited emergency medical service through October 31, 2018.

ANY DONATIONS ARE GRATEFULLY ACCEPTED. Donations may also be made in memory of a loved one.

Your subscription is good only throughout Beaver County. If you move out of Beaver County, Economy Ambulance Service, Inc. will not be responsible for the reimbursement of any other ambulance service.

**- FEE STRUCTURE -**

Ambulance subscribers will be billed up to a \$50 co-pay for use of the EMERGENCY service. For non-emergency transportation when not medically necessary, or H.M.O. with no pre-authorization, subscribers will receive a discount off our current rates for ambulance transports.

# ECONOMY AMBULANCE SERVICE, INC. 2018 SUBSCRIPTION APPLICATION

Family Rate .... \$60.00     Individual Rate .... \$40.00     Visitors Option Rate .... \$35.00

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Check which municipality you live in.  
 Economy    Ambridge    Baden    Conway    New Sewickley    Harmony Twp.

*Please fill out the information listed below for EACH household member*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Please enclose a list of any additional family members*

I request that payment of authorized Medicare/insurance benefits be made on my behalf to Economy Ambulance Service, for any services furnished to me by Economy Ambulance Service. I authorize any holder of medical information about me to release to the Health Care Finance Administration and its agents and carriers as well as to Economy Ambulance Service, any information needed to determine these benefits or benefits payable for related services or any services provided to me by Economy Ambulance Service now and in the future. I authorize payment for these benefits to be made directly to Economy Ambulance Service. **I agree to pay immediately to Economy Ambulance Service, all payments sent directly to me from either the insurance company or other medical benefit providers. Failure to do so will result in revocation of membership.**

Signature \_\_\_\_\_

Please complete this form, sign and return upper portion along with your payment.  
Address correction requested.



Please do not remove this label

Please complete this section for payment with credit card.

Which card are you using? (circle one)    

Cardholder's Name \_\_\_\_\_ Payment Amount \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Subscription Cards will not be issued.  
Please detach and keep the bottom portion of this form as your records receipt.**

**Subscription Privileges:**

- Emergency Ambulance Service
- Professional Medical Evaluation at your home without transport\*
- Professional Medical Treatment at your home without transport\*\*
- Reduced rate medically necessary non-emergency transport
- Lifting Assistance\*
- Stretcher Van Member Discount
- Insurance billing on your behalf
- Our membership recognized by Medic Rescue, Quaker Valley Ambulance, and Cranberry for total emergency

\*Limit of 5 incidents per year per member  
 \*\*Limit of 1 treatment per year per member

**Subscription Does Not Cover:**

- Wheelchair Service
- Residence to Doctor Office trips
- Elderly parents who reside with you unless claimed on your income tax return
- Adult children who reside with you (Unless handicapped or a full-time student)
- Does not cover co-pay in full

**Your Subscription is good through October 31, 2018**

Subscription in Economy Ambulance Service is non-transferable, non-refundable and takes effect immediately upon payment of the membership fee. For federal income tax purposes, the membership fee is not deductible as a charitable contribution, but may be eligible for deduction as an itemized medical expense. Economy Ambulance Service subscription is not solicited from persons who receive welfare medical benefits and membership constitutes a voluntary contribution only. This is not an application for an insurance policy.

**Family coverage does not include elderly parents or adult children who reside with you.  
 Please call our office if additional membership forms are needed (724-266-9111)**

Check No. \_\_\_\_\_ Date Sent \_\_\_\_\_ Amount \$ \_\_\_\_\_