



FRIENDSHIP AMBULANCE

2019-2020 Subscription Request



We need your support!

Friendship Ambulance does not receive any tax based money from the municipalities we serve. All money is received through the subscription drive, donations, primary and third party billing. Please help us accomplish our goal of purchasing 2 new ambulances at \$125,000 per vehicle. Your contribution is vital and your financial support, at whatever level you provide, is greatly appreciated. All subscriptions and donations are tax deductible! Please donate today!

In the Event of an Emergency

DIAL 9 1 1

CPR/AED and First Aid Training Available
If interested, please email Training@RFD98.org

Detach and return this portion with your donation in the envelope provided.

Friendship Ambulance 2019-2020 Subscription Request

Make check payable to *Friendship Ambulance*
All subscriptions and donations are tax deductible and non-refundable
Please complete all applicable fields in the table below; Use additional paper if necessary

Request for Subscription

Please check the applicable box below

- Senior Individual \$50.00
- Senior Couple \$65.00
- Individual \$70.00
- Family \$100.00
- Additional Donation \$ _____

Print Primary Member Name and Physical Address	Family Member Names (First & Last Name)	Date of Birth	Relationship

**Authorization must be signed on the back in order to activate subscription

Answers to Frequently Asked Questions

Please Read for Important Information

Subscription Effective Dates

Our subscription program runs from April 1, 2019 to March 31, 2020. Your subscription is valid from the date of payment through March 31, 2020.

Subscription Level	Cost
✦ Senior Individual (Age 65 or older)	\$50.00
✦ Senior Couple (Ages 65 or older)	\$65.00
✦ Individual	\$70.00
✦ Family (Family is 2 or more individuals residing in the same household)	\$100.00

Pay by Credit Card

To pay for your subscription by credit card, please call us at:

- (610) 948-6234 ext.7

Subscription Cards

Subscription cards are not issued to subscribers. Please retain this document for your records.

2019-2020 Subscription Record

Check # _____

Date _____

Amount _____

Subscription Level _____

What is third-party billing?

Third-party billing is the process by which an ambulance service can recoup a portion of its operating expenses, generally from billing insurance carriers. When you utilize the ambulance service, Friendship Ambulance will submit a bill to your insurance carrier. If the carrier reimburses any portion of that bill, we accept it as payment-in-full if the following criteria are met:

- 1) The service is an emergency
- 2) The transport conforms to Medicare’s definition of medical necessity
- 3) The deductible has been met

What is the benefit of being a member?

Subscribing members enjoy peace of mind knowing any out-of-pocket costs are forgiven, provided the above criteria are met. It’s important to understand that most insurance carriers do not fully cover the costs incurred for an emergency ambulance transport. Accordingly, non-members will be billed for any portion not covered by insurance. *A typical bill can exceed \$500.*

What am I required to do if my insurance sends me a check?

Endorse (sign) the check and promptly send to Friendship Ambulance’s billing office, at PO Box 726, New Cumberland, PA, 17070.

Do not cash or keep the check. Doing so will nullify your membership and we reserve the right to pursue collections. This is our reimbursement for our services.

Unfortunately, some insurance carriers follow the practice of sending our reimbursement to their customers (our patients) because we are not a “participating provider.” However, we cannot afford to be “participating” as the reimbursement rates are far below our costs. Our only recourse is to work closely with our patients to ensure they follow the law, despite the confusion this practice can cause.

What happens when another ambulance service transports me instead of Friendship Ambulance, despite it being within Friendship’s service area?

Friendship Ambulance has “mutual aid” agreements with some of the surrounding ambulance services. If we are unable to respond (typically due to being on another call) then another ambulance will be dispatched to assist you. In most cases, that mutual aid ambulance will contact Friendship Ambulance to determine if you are a subscriber and cooperate with existing agreements and third-party billing.

AUTHORIZATION

I authorize that payment of authorized Medicare benefits or other insurance benefits be made on my behalf for any services furnished by this health service provided or supplier. I authorize any holder of medical information or documentation about me to release to the Health Care Financing Administration and its carrier and agents, as well as this health service provider, any information or documentation needed to determine these benefits or benefits payable for any service provided to me by this health service provider now or in the future. I understand that I am financially responsible for the services provided to me or my family members by this health service provider or supplier regardless of my insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the health service provider or supplier or its billing agent for any services provided to me by the health provider or supplier. I authorize and direct any holder of medical information or documentation about me to release to the Center for Medicare and Medicaid Services and its carriers and agents, as well as to this health provider or supplier and their billing agents, any information or documentation needed to determine these benefits payable for any service provided to me by the health service provider, both now or in the future. A copy of this form is valid as the original. I also agree to immediately remit to this health service provider any payments that I receive directly from any source for the services provided to me, now or in the future.

Signature: _____ Date: _____