

# RELIANCE HOSE CO. #1 AMBULANCE & PARAMEDIC SERVICE

240 East Main Street • Middleburg, PA 17842

570-837-3940/Voice

## 2012 Subscription Application PLEASE PRINT OR TYPE

A. HEAD OF HOUSEHOLD: \_\_\_\_\_  
 Last Name First Name M.I.

STREET ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LIST HOUSEHOLD MEMBERS	DATE OF BIRTH	SOCIAL SECURITY NO.
Head of Household	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete section B even though you have given us your insurance information at an earlier time. Check here if there is no insurance .

### B. PLEASE COMPLETE ALL APPLICABLE INSURANCE INFORMATION

Medicare Number \_\_\_\_\_ Blue Cross/Blue Shield 65 Special \_\_\_\_\_

Medicare Number \_\_\_\_\_

OTHER INSURANCE: \_\_\_\_\_  
 Name of Insurance Policy Number Group Number

EMPLOYER: \_\_\_\_\_  
 Name Address

### C. SUBSCRIPTION RATES

INDIVIDUAL ..... \$50  
 FAMILY ..... \$65  
 HOUSEHOLD ..... \$75

### CHOOSE APPROPRIATE RATE

SUBSCRIPTION: ..... \$ \_\_\_\_\_  
 DONATION: (optional) ..... \$ \_\_\_\_\_  
 TOTAL ENCLOSED ..... \$ \_\_\_\_\_

### D. SIGNATURES AND INSURANCE AUTHORIZATION

I request that payment of authorized Medicare or other insurance benefits be made on my behalf to Reliance Hose Co. #1 Ambulance for any services furnished me by that health services provider or supplier. I authorized any holder of medical information about me to release to the Health Care Financing Administration and its agents or other insurance companies any information needed to determine these benefits or the benefits payable for related services. I have read and acknowledge the terms of the subscription program.

Signature of Household Members 18 Years of Age or Older: \_\_\_\_\_

If you are not in our primary response area you should join your primary amb. service. Our primary area consists of Middleburg Boro, Franklin Twp., Middlecreek Twp., Perry Twp., & Western parts of Washington Twp. If you are not sure call us at the above number in the eve. or come to the carnival for verification.

**TERMS**  
**Individual rate** covers a person for unlimited emergency ambulance transportation. **This does not cover routine, non-emergency transports.**

**Family rate** covers residential family including all children under the age of 18 for unlimited emergency ambulance transportation. **This does not cover routine, non-emergency transports. All children over the age of 18 will need to purchase an individual rate or Household rate will cover all residents.**

**Household rate** covers residential family and also covers all persons (visitors, etc.) who may require emergency ambulance services while at your residence for unlimited emergency ambulance transportation. **This does not cover routine, non-emergency transports.**

### MEMBERS WILL BE SUBJECT TO THE FOLLOWING:

- 1) RHC Amb. reserves the right to bill available insurance for ambulance services.
- 2) RHC Amb. requests 24 hours advance notice time for appointments, admissions, discharges, and other non-emergency ambulance service. Emergency calls take priority over non-emergency requests.
- 3) Paramedic services WILL BE covered with this membership.
- 4) Special services such as air-medical/Life Flight will not be covered under this membership.
- 5) In all cases, the determination of "Emergency of Medical Necessity" will be made by your insurance company(s).

**RELIANCE HOSE CO. #1 AMBULANCE**  
**2012 Annual Subscription**  
**FOR EMERGENCY DIAL 911**

Is entitled to Ambulance Service Under the:

Membership Plan as Stated in the Sub. Agreement

**EXPIRES: August 31, 2012**