

NORTHERN EMERGENCY MEDICAL SERVICES

2008 SUBSCRIPTION DRIVE

Serving Windber and surrounding areas

**IMPORTANT! PLEASE COMPLETE THE INFORMATION ON THE
BACK OF THIS FORM BEFORE MAILING!**

Check amount of contribution and return this form

j FAMILY^{UAL}

BUSINESS:

Q 1 -10 EMPLOYEES	
Q 11 - 25 EMPLOYEES	\$100.00
Q 26 - 50 EMPLOYEES	\$200.00
Q 51 - 100 EMPLOYEES	\$350.00
Q 100 + EMPLOYEES	\$500.00

ADDITIONAL
CONTRIBUTION \$ _____

TOTAL ENCLOSED \$ _____

***Please make checks payable to:
Northern Emergency Medical Services***

Why should I subscribe? The answer is easy

If you are an Ambulance Subscription Member and require the use of our ambulance, your insurance company will be billed for the services provided. As a member, any portion of your bill that is not covered by your medical insurance will not be your responsibility. For example: your bill for services is \$550; your insurance pays \$300. **The remaining \$250 will not be your responsibility if you are an Ambulance Subscription Member.**

IMPORTANT!

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In Case of Emergency: DIAL 9-1 -1.

Speak calmly and clearly while talking to the dispatcher.

Be prepared to give your name, address and telephone number.

After calling 911, or while someone else is calling for help, you can wait outside in a safe place to direct emergency personnel to your residence.

Turn on a porch light to illuminate your house number.

Before an emergency occurs:

Have a medication list written down and keep it updated.

Post your address number at the front of your house where it is clearly visible from the street. If you have a curbside mailbox, place reflective address numbers on both sides of the box.

Install a light fixture above numbers on your house.

Thank you for your contribution and support!

Northern Emergency Medical Services • 1620 Somerset Ave. • Windber PA 15963-1748

For Information Only: 814-467-9244

Important! Please complete and return the following information with your check

AUTHORIZATION

I authorize the payments of authorized medical benefits or other insurance benefits be made on my behalf for any services furnished by this health service provider or supplier.

I authorize any holder of medical information or documentation about me to be released to the health care financing administration and its carrier and agents as well as this health service provider.

I authorize the release of any information or documentation needed to determine these benefits or benefits payable for any services provided to me by this health service provider now or in the future.

Signature: _____ Date: _____

Please list all family members residing in your home:

_____	_____
_____	_____
_____	_____
_____	_____

Ambulance Service Is Important !!! And So Is Your Membership !!!

The check you send today helps to maintain the quality of care you have come to expect from Northern EMS. Your ambulance service is dependent on the annual membership drive for funds necessary to pay the day to day expenses of the service that we provide to you. Equipment costs, medical supplies, fuel and all the bills that we must pay are always increasing. In addition, this year, we will be purchasing two heart monitors and a new ambulance at a cost of over \$100,000. We have kept the subscription rate the same as last year and continue to look for ways to cut costs. We understand that many of you are on a fixed income. If you have the financial ability to send an additional contribution, it would be most helpful.

WE THANK YOU IN ADVANCE FOR HELPING US TO HELP YOU.



Serving seven municipalities with over 1,300 emergency responses in 2007.....