

WHITEMARSH

Community Ambulance Association

P.O. Box 376 • Lafayette Hill, PA 19444



NONPROFIT ORGANIZATION
U.S. Postage PAID
Permit No. 7477
Philadelphia, PA

WE NOW ACCEPT ONLINE DONATIONS THROUGH OUR WEBSITE.
VISIT US AT WHITEMARSHEMS.ORG



2019-2020 SUBSCRIPTION DRIVE

2019 - 2020 Annual Subscription Application To Subscribe, please return the completed application with your payment! Your additional tax deductible contribution is greatly appreciated

Whitemarsh Community Ambulance Association (WCAA) has been providing emergency care to the residents of Whitemarsh Township since 1956. We are a PRIVATE NONPROFIT 501(c)(3) organization that relies on subscriptions and donations to exist.

Please take the time to send in your subscription today. Subscription fees ARE NOT tax deductible. Only donations and contributions are tax deductible. The basic rate for emergency ambulance service ranges from \$800 to \$1,200 while the average insurance reimbursement typically covers less than half of these fees. More importantly, the remaining balance becomes the legal and financial responsibility of the patient and family.

Subscribers of our program will not have to pay any of the remaining balance with the exception of the **LEGISLATIVELY MANDATED INSURANCE DEDUCTIBLES AND COPAYS**. In comparison, non-subscribers are required by law to pay for all insurance deductibles, copays, uncovered service fees and possibly interest costs and attorney's fee if account becomes delinquent.

Benefits of subscription include:

- Patient Assist: Two (2) per year (\$500 value).
- Treatment without Transport: Two (2) per year (\$500 value).
- 911 emergency transport and care to the closest appropriate hospital. *** (see back for details)
After insurance payment and all deductibles and copays are met, members will not be responsible for the balance of fees.
- Members without private health insurance will receive a 25% discount on service fees.

Examples without subscription:

- Patient Assists: \$250 per occurrence (not usually covered by insurance).
- Treatments without transport: \$250 per occurrence (not usually covered by insurance).
- 911 emergency transport and care to the closest appropriate hospital. Patient is responsible for all fees not covered by insurance.
- Non-members without private health insurance will be responsible for 100% of fees.



You Can Now Check us out on Facebook!

www.facebook.com/WhitemarshCommunityAmbulanceAssociation

Visit our secure website to use:



WWW.WHITEMARSHEMS.ORG

The official registration and financial information of Whitemarsh Community Ambulance Assn. may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1- 800-732-0999. Registration does not imply endorsement.

CHOICE MARKETING, INC. © 2019 -ORIG_RES

Detach and return this portion with your donation.

WHITEMARSH Community Ambulance Association

• 2019-2020 SUBSCRIPTION DRIVE •



Select Non-Tax Deductible Subscription Category.

- Individual - \$50.00
- Family - \$75.00 (either one or two persons over the age of 18 living in the same household along with all dependent children as defined by the IRS)

Subscription expires on June 30, 2020

The Officers, Staff & Board Members would like to thank you for your continued support.

- Over 65 Single Sr. Citizen - \$40.00 (age verified at time of service)
- Over 65 Couple Sr. Citizen - \$55.00 (age verified at time of service)

Additional tax-deductible contribution \$ _____

Make checks payable to Whitemarsh Community Ambulance Assn.

PLEASE COMPLETE BACK OF FORM ➔

REFERENCE NUMBER ➔

Subscription Program Details

- The subscription program of the Whitemarsh Community Ambulance Association (WCAA) is open to all residents of Whitemarsh Township.
- Each qualifying resident who returns the subscription form along with the appropriate fee will be considered a subscriber of WCAA. The annual subscription period starts on July 1, 2019 and ends June 30, 2020. Subscription cannot be prorated if services are used before payment is received.
- The subscription program is only valid when WCAA provides emergency services.** WCAA strives to provide emergency ambulance services to its residents 24 hours a day, 7 days a week. However, due to circumstances beyond our control, there may be instances when the next closest available EMS provider will instead be dispatched. In those instances, the subscription will not be applicable and the patient will be bound to the billing policies of the EMS organization that provided the services.
- By law, you are financially responsible for all services provided by WCAA. All monies received by the subscriber from their insurance company relative to the services provided by WCAA must be forwarded to WCAA. Failure to do so will result in the immediate termination of any subscription agreement. In the event that the insurance provider denies the claim for whatever reason, subscribers will receive a 25% discount on the outstanding balance. In all cases, you and your family are ultimately financially responsible for any money owed to WCAA.
- WCAA is licensed by the Pennsylvania Department of Health (PA DOH) as an advanced life support (ALS) provider. As such, WCAA is required by the PA DOH and the PA Bureau of EMS statewide protocols to transport all patients to the closest appropriate facility that can treat the ailment/condition you are experiencing. This may or may not be the facility your primary doctor is associated with.**
- Please remember to select your subscription category when remitting your payment or your fee will be considered a contribution and not a subscription.

Donations Opportunities

Your subscription fees are NOT tax deductible. However, WCAA is a nonprofit 501(c)(3) organization that relies on the generous support of its residents. Your contribution above the subscription fee is considered a tax deductible donation. These contributions enable WCAA to provide rapid and reliable high quality advanced life support to you and your loved ones in the most serious of situations.

Listed below is the approximate cost of a fully equipped ambulance that could help save your life.

Life Support Equipment: \$10,000
 Cardiac Monitor: \$42,000
 Stretcher: \$26,000
 Communication Equipment: \$15,000
 Stair Chair: \$3,500
 Ambulance Vehicle: \$175,000
 EMT/Paramedic: Priceless
 Total Cost: More than \$275,000




P.S. We can also benefit if you shop on Amazon. Sign up at smile.amazon.com and designate Whitemarsh Community Ambulance Association as your charity. Then 0.5% of your eligible purchases will be donated to us. Shop today at smile.amazon.com.

AUTHORIZATION

I authorize payment of authorized Medicare Benefits or other insurance benefits to be made on my behalf for any services furnished by this healthcare provider. I authorize any holder of medical information or documentation about me to be released to the Health Care Financing Administration and its carriers and agents, as well as this health service provider, 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 _____ Phone Number _____ Date _____

	Please list all family members residing at this address to be covered by this membership.	Date of Birth	Medicare	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
1)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6)			<input type="checkbox"/> Yes	<input type="checkbox"/> No

REMEMBER: ALWAYS WEAR YOUR SEATBELT AND MAKE SURE CHILDREN ARE PROPERLY SECURED.