



# WHITEMARSH COMMUNITY AMBULANCE ASSOCIATION

## 2020-2021 SUBSCRIPTION DRIVE



### DONATION OPPORTUNITIES

Although your subscription is not tax deductible, your donation is! WCAA is a nonprofit 501(c)(3) organization that relies on the generous support of its residents. Any contribution above the subscription fee is considered a tax-deductible donation. Your subscription fee and tax-deductible donation 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:	<b>PRICELESS</b>
Total Cost:	Over \$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.**

*The official registration for Whitemarsh Community Ambulance Association may be obtained from the Pennsylvania Department of State by calling toll-free (800) 732-0999 or online at <https://www.charities.pa.gov>. Registration does not imply endorsement.*

### LEARN MORE ABOUT OUR COVID-19 RESPONSE

<https://whitemarshems.org/covid>

Find us on 

@WhitemarshCommunityAmbulanceAssociation



Whitemarsh Community Ambulance Association

PO Box 376

Lafayette Hill PA 19444

**IMPORTANT!**

Annual Ambulance Subscription Drive

PREPRINTED NAME  
PREPRINTED ADDRESS  
PREPRINTED ADDRESS

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 provider. 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 care provider 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.

### BILLING AUTHORIZATION

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ABOUT US

Whitemarsh Community Ambulance Association (WCAA) has been providing emergency care to the residents of Whitemarsh Township since 1956. We are committed to providing the highest quality ambulance service to all residents and visitors of our area.

We are a non-profit organization without dedicated tax-dollars for support. We rely on subscription drives like this, as well as other types of fundraising efforts throughout the year. We also bill for our services (third party billing), in order to recoup as much of our expenses as possible, so that we can continue to provide high quality EMS care.

You are a vital link in our lifesaving team. To continue providing quality care, and offset rapidly escalating costs, we need your support!

### WHAT IS THIRD PARTY BILLING?

Third party billing is the process whereby WCAA bills federal and state entitlement programs such as Medicare and Medicaid, as well as insurance companies. We also bill uninsured patients directly. Unfortunately, some commercial carriers issue a check directly to the patient. In such cases, the patient is obligated to immediately remit that payment to WCAA. If a patient keeps such a check, their subscription is void and WCAA will pursue legal action to collect the amount due.

**2020-2021 Subscriber Record**  
Expires June 30, 2021

Check #

Date

Amount

Subscription Category

Please keep the information above for your records.

## SUBSCRIPTION BENEFITS

### 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: After insurance payment and all deductibles and copays are met, subscribers will not be responsible for the balance of fees.
- Subscribers without private health insurance receive a 25% discount on service fees.

### THE POTENTIAL COST OF NOT SUBSCRIBING:

- Patient Assist: \$250 per occurrence (not usually covered by insurance).
- Treatment 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-subscribers without private health insurance are responsible for 100% of service fees, which can be \$1,500 or more.

## SUBSCRIPTION EFFECTIVE DATES

Each qualifying resident who returns the subscription form with appropriate fee will be considered a subscriber of Whitemarsh Community Ambulance Association (WCAA). The annual subscription starts July 1, 2020 and ends June 30, 2021. Subscription benefits cannot be applied retroactively if services are used before payment is received.

## SUBSCRIPTION CATEGORIES

The following subscription categories are available:

- **INDIVIDUAL: \$50.00**
- **FAMILY: \$75.00** (Up to 2 persons over the age of 18 living in the same household along with all dependent children as defined by the IRS)
- **65 OR OLDER SINGLE: \$40.00** (Age verified at time of service)
- **65 OR OLDER COUPLE: \$55.00** (Age verified at time of service)

## SIGN UP & PAY ONLINE!

Don't want the hassle of writing a check and mailing in this application? Easily subscribe online and pay via credit card at <https://www.ambulancebillingoffice.com/subscriptions/wcaa>



**The Officers, Staff, and Board Members thank you for your continued support!**

Detach and return this portion with your donation.

Please check the applicable box below:

Individual \$50.00  
 Family \$75.00  
 Over 65 Single \$40.00  
 Over 65 Couple \$55.00  
 Additional Donation \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

## WHITEMARSH COMMUNITY AMBULANCE ASSOCIATION

### 2020-2021 Subscription Request

Make check payable to  
Whitemarsh Community Ambulance Association, PO Box 376, Lafayette Hill, PA 19444  
Complete all applicable fields below and sign the billing authorization on the back.

Please make any corrections to name/address below

Family Member Names (First / Last Name) Date of Birth Relation

PREPRINTED NAME				
PREPRINTED ADDRESS				
PREPRINTED ADDRESS				