

A Citizens' Ambulance Service Membership Is More Than About Saving Money – Having Help Ready When You Need It Is Priceless!

To join, simply print and complete the form below and return it, along with your payment, to:



Citizens' Ambulance Service Inc.
805 Hospital Road, P.O. Box 237
Indiana, PA 15701
Attention: Membership Services

Thank you for becoming a member. We can't do it without you!

2015 MEMBERSHIP APPLICATION

Family Members: Please list the name and date of birth of each family member who live at your private residence and are to be included on your household membership.

INSTRUCTIONS Please complete your name, address, family names, select membership plan, payment method and return with your payment.

Name _____
 HEAD OF HOUSEHOLD FIRST MIDDLE LAST

Date of Birth _____ Email _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Township or Boro _____ Phone _____

Name _____	D.O.B _____
Name _____	D.O.B _____
Name _____	D.O.B _____
Name _____	D.O.B _____
Name _____	D.O.B _____

IMPORTANT Please sign application. Must be signed to be valid. See below for terms and conditions.

X _____
MEMBER'S SIGNATURE
(I have read and agree to the Terms of Membership below)

X _____
SPOUSE'S SIGNATURE
(I have read and agree to the Terms of Membership below) C# _____

Membership Plans and Your Payment Method

Please note the addition of the Extended Household – This plan extends coverage to any related family member or guest in your home.

Membership Plans

- Extended Household – Family members and guests in your home \$85.00
- Household – Single or Family membership \$60.00

Senior Rates – Age 62 and above

- Senior Extended Household – Family members and guests in your home \$75.00
- Senior Household – Single or Family membership \$50.00

Contributions are welcome and are tax deductible. \$10 \$25 \$50 \$100 \$250 Other _____

SELECT YOUR PAYMENT METHOD

Credit Card/Debit Card (*Mastercard, VISA or Discover*)

 16 digit number

Cash

Money Order

Check # _____

Expiration Date (Month/Year) _____ Security code _____

Total payment including contribution _____

C# _____ Office Use: M# _____

Detach Here and Return the Upper Portion with your Payment.

TERMS OF MEMBERSHIP

Citizens' Ambulance Service Inc. 805 Hospital Road, Indiana, PA 15701 Business 724-349-5511 Toll Free 1-800-655-2343

Provisions for Service for Subscribing Members: Citizens' Ambulance Service Inc. (Citizens') will provide emergency and non-emergency ambulance service for members when medically necessary through April 10, 2016. For membership benefits to apply, either point of origin or point of destination of the ambulance trip must be in Citizens' designated service area. A physician's certification may be requested (required by an insurance carrier) to confirm the medical necessity for an ambulance transport at the time of transport, although medical certification may not always be available to Citizens' prior to the use of the ambulance. This membership authorizes Citizens' to bill and receive payment from your primary insurance and any other insurance carriers when there is a properly completed assignment of your insurance benefits to Citizens'. If your insurance plan pays benefits directly to you, it is your responsibility to forward all payments to Citizens'.

Citizens' Transport Service: Citizens' Ambulance Service Inc. offers medical van transportation to and from medical appointments when an ambulance is not medically necessary. The service utilizes wheel chair accessible vans and is available for an additional fee per transport; members of Citizens' Ambulance Service will receive a discount on billed services.

Annual Membership Fee: The annual membership fee for Citizens' Ambulance **limits your financial responsibility by covering half (50%)** of the uninsured portion of all local emergency ambulance services provided by Citizens'. This pertains to medically necessary ambulance trips within the subscription service area for you or a dependent household member unless you purchased an Extended Household Plan.

Accepting Membership: By applying for membership, you authorize any holder of medical, or other information needed for the processing of any claim for services rendered by Citizens' to release such information to Citizens' and permit a copy of this authorization to be used in place of the original. Membership is non-transferable, non-refundable and takes effect immediately upon acceptance of the membership application by Citizens'.

Subject to Availability: Membership is not a contract for the provision of emergency or non-emergency services at any specific time and all services are subject to availability.

Not an Insurance Policy: This program is not an insurance product and is not an offer for the sale of an insurance policy. You must comply with the terms and conditions of your insurance company for medical transportation.

We urge you to call us to discuss your non-emergency transportation needs and review your coverage to avoid unexpected out-of-pocket costs.

Medicaid Beneficiary: If you are covered by a Medicaid Insurance product your membership benefits are limited to the discounts offered to members who use Citizens' Transport Service. Discounts will be offered to you or your responsible party for payment of services rendered.

The following services are not covered by this subscription and are subject to Citizens' current billing policies:

- Ambulance services rendered that do not meet your insurance company's definition of medical necessity or insurance pre-authorization.
- Any charges related to long distance ambulance services or other non-covered services, which are based solely on patient and/or physician preference.
- Lift Assist only, patient not transported
- Medical Response only, patient not transported

If you would like to request a copy of Citizens' Privacy Notice or if you do not want to receive future communications, you can call Citizens' Office at 724-349-5511 or 1-800-655-2343.

The terms of this subscription membership program may change without prior notice.