



Proudly Serving Since 1914

www.fire8.com

Your 2022 - 2023 Ambulance Subscription

Dear Friend of Pleasant Gap Fire Company,

Would you like to make your community safer, and ensure high quality emergency services are available to you, your family and your neighbors? You can, by submitting your ambulance subscription for 2022-2023.

Pleasant Gap Fire Company is a non-profit, volunteer service. Our crews consist of state certified paid and volunteer professionals, many of whom are your neighbors. We are dedicated to delivering quality patient care with the most modern technologically advanced equipment. Currently the service is a combination of volunteer and paid staff providing service 24 hours a day, 7 days a week, 365 days of the year.

We continue to provide our community as a combined BLS and Intermediate service providing early access to ALS care. These additional services have additional manpower and supply costs, but we are confident that these changes will bring better healthcare to our community.



Your subscription helps the local fire company to continue to train and remain well-equipped to respond to all types of emergency situations. Your local firefighters and EMS personnel devote hours of training time. They make themselves available at a moment's notice when emergencies happen. Your support is a valuable recognition of their dedicated service.

By submitting your annual subscription, you also provide resources for the maintenance of critical vehicles and lifesaving equipment. The reliability of these items is essential for EMS, fire, rescue to be able to respond to the needs of the community. Please return your completed ambulance subscription form this year so our team can be there for you.

Sincerely,

The Officers of the Pleasant Gap Fire Company



Be a Hero for Us:

- * Clearly display your house number

We can't help if we can't find you!

- * Remember the Move Over, Slow Down Law
- * Get a Flu Shot
- * When Calling 911

- + Be sure to tell all of your signs and symptoms
- + More details allow emergency crews to better prepare



BE A VOLUNTEER

Subscription Benefits

No out-of-pocket- expenses associated with emergency transportation; after billing and payment from your insurance company

If you have fallen and are not injured, your subscription will cover up to three lift assist responses. You will be charged additional fees for any additional lift assistance.

If you are sick or injured; there is no limit on the number of calls you have during the subscription period.

Family subscriptions cover ALL persons who reside in the household or individual options are available..

Subscription covers only 911 Emergency calls. It does not cover non-emergency or wheel chair services.

Our Privacy Policy is available on our website www.fire8.com

This subscription program is not a contract for the provision of ambulance services nor is it a solicitation for the offer or sale of an insurance product. Your subscription fees cover your co-payments and deductibles, regardless of your insurance coverage, when permitted by law. If your insurance company reimburses us, we will accept their payment as payment in full. Medicare beneficiaries may be billed for co-payments or deductibles as required by law. The subscriber acknowledges that the ambulance service will bill available third-party insurance for services rendered and agrees to remit any insurance payments received directly by the subscriber to the ambulance service. A mutual aid ambulance service may respond if our service is not available. Pleasant Gap Fire Co. assumes no responsibility for the charges of such substitute providers, including Advanced Life Support (Medic) services. The terms and provisions of this subscription program are subject to change without prior notice. All subscriptions are subject to acceptance by the ambulance service and may be canceled or revoked at the ambulance service's discretion. Medicare beneficiaries may be billed for co-payments or deductibles as required by law. The subscriber acknowledges that the ambulance service will bill available third-party insurance for services rendered and agrees to remit any insurance payments received directly by the subscriber to the ambulance service. A mutual aid ambulance service may respond if our service is not available. The terms and provisions of this subscription program are subject to change without prior notice. All subscriptions are subject to acceptance by the ambulance service and may be canceled or revoked at the discretion of the ambulance service.

We would like to say thank you for your continued support through the subscription program. Without it, we would not be able to provide a very critical service, maintain or provide for advancement in medical equipment and technology or new ambulances and response vehicles.

Yes! Sign me up!

Return this subscription form with your check or money order

o Individual \$40 or Family \$60

Additional Donation \$_____ Total \$_____

Check enclosed, made out to **Pleasant Gap Fire Company No. 1**

Your canceled check serves as your receipt of payment for membership from November 1, 2022 to October 31, 2023.

Name _____

Address _____ City _____

_____ State _____ Zip _____

Twp _____

Phone _____ Email _____

Pleasant Gap Fire Company

475 Robinson Ln

Pleasant Gap, PA 16823

Please list all family members residing at this address, including you.

Name	Date of Birth

Authorization: I request that payment of authorized Medicare or other insurance benefits be made on my behalf to Pleasant Gap Fire Company Ambulance Service (PGFD) for any services provided to me by PGFD. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to PGFD and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by PGFD, now or in the future. I agree to immediately remit to PGFD any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to PGFD.