



Proudly Serving Since 1914

www.fire8.com

## Your 2026 Ambulance Subscription

Subscription valid January 1st, 2026 - December 31st, 2026

Would you like to help ensure that high quality emergency services are available to you, your family, and your neighbors? You can, by submitting your ambulance subscription for 2026. Supporting the ambulance service in our community is crucial for ensuring that Emergency Medical Service Professionals can provide timely care when every second counts. By completing the 2026 ambulance subscription, you will help maintain the availability of life-saving equipment and technology that can make a significant difference in critical situations. Your support empowers dedicated professionals to respond swiftly and effectively, enhancing the overall health of our community.

### Sign me up!

*Return this subscription form with your check or money order*

Individual **\$65.00**                       Family (2 or more) **\$100.00**

Additional Donation \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

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

Your canceled check serves as your receipt of payment for the 2026 membership

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Twp \_\_\_\_\_

Phone \_\_\_\_\_



**Pleasant Gap Fire Company**

475 Robinson Ln

Pleasant Gap, PA 16823

**\*Please, print clearly & legibly!**

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

**Name & Date of Birth**

**Name & Date of Birth**

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

*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.*



## DID YOU KNOW...?

*Here is the average cost breakdown of an ambulance ride.*

We offer three levels of pre-hospital care at Pleasant Gap Fire Company, Basic Life Support,(BLS) Intermediate Life Support(ILS), and Advanced Life Support(ALS).

- BLS transport rate - \$792.22 + mileage(\$16.94/mile)
- ILS/ALS transport rate - \$1,311.27-\$1,420.55 + mileage(\$16.94/mile)

This is to illustrate to you how important it is to you to be a subscriber. With your support, we in turn help you, the residents, in your care.

Thank you for your continuing support!



Our Privacy Policy is available on our website [www.fire8.com](http://www.fire8.com)

## Subscription Benefits

As a subscriber to the Pleasant Gap Fire Co. Ambulance Subscription program, you help to ensure that a quality ambulance service will be available when you might need it. Subscription benefits are in effect from January 1, 2026- December 31, 2026.

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, when you have insurance coverage, when permitted by law. If your insurance company reimburses us, we'll accept their payment as payment in full. If you are uninsured, you will be charged at the Medicare rate only and you will be responsible for that payment. 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 cancelled or revoked at the ambulance service discretion.

*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.*