

ST. MARYS AREA AMBULANCE SERVICE



773 JOHNSONBURG RD.
ST. MARYS, PA 15857
PHONE 814-781-1571 OR 814-781-1570
FAX 814-781-8330
FOR EMERGENCIES DIAL 911

www.stmarysambulanceservice.com

Dear Friend,

We would like to give you a little information about the St. Marys Area Ambulance Service and ask you to consider becoming a member of the service.

We are a non-profit corporation established in 1967. Last year the Service responded to 1969 local emergency and non-emergency calls and 353 transports were made by the Service to health care facilities outside of the area. In addition 540 local and 337 out of the area transports were made by our wheel chair vans.

That is quite a record for one year. If you were part of those statistics you may now realize the value of having a local ambulance that is professionally staffed, equipped and available to you. **In the past year alone we purchased a new ambulance for \$135,000.00.** The cost to purchase and equip these vehicles has continued to rise to over \$170,000.00 each. On the average we replace one ambulance every 18 months.

The St. Marys Area Ambulance Service has highly trained Paramedics and Emergency Medical Technicians on staff 24 hours a day, 365 days per year to respond to your call for help. We currently operate four ambulances, a paramedic unit and two wheelchair vans. Membership dues are used to purchase the ambulances and their equipment. Without the membership dues it would be impossible to keep our vehicles and equipment up to date. Remember, these ambulances and equipment are kept ready for YOU and everyone in the community. Being a member of the St. Marys Ambulance Service helps us to help you.

An additional benefit of becoming a member is to limit your out of pocket expenses if you do need to use ambulance services. If you have used the ambulance in the past all of your emergency transport services would have been covered by your membership. It's likely that you would not have incurred any out of pocket expense regardless of your insurance coverage.

Previously, many people have asked, "Why do I need an ambulance membership if I have health insurance?" The answer is simple-- many insurance companies have reduced or discontinued ambulance coverage on their policies to cut costs. Unfortunately, many people find this out after they have needed an ambulance. **MEMBERSHIP COVERS THE GAP BETWEEN WHAT INSURANCE COVERS AND ANY REMAINING BALANCE THAT MAY BE PASSED ON TO YOU.**

Below you will find a St. Marys Ambulance Service membership application. For peace of mind for you and your family please fill it out and return it in the enclosed envelope to St. Marys Area Ambulance Service along with your membership dues.

You can also visit our website for more information on the ambulance service and in addition you can complete a membership application online and pay the dues using PayPal or a credit card. Our website can be viewed at www.stmarysambulanceservice.com.

Let us thank you in advance for your support. Without our members, the St. Marys Ambulance Service could not provide the high quality of service, the specialized training or the use of advanced equipment for the residents of St. Marys. Remember, without your support, there would be NO ambulance service to answer your call for help in St. Marys.

Respectfully,

Board of Directors

St. Marys Area Ambulance Service, Inc.

St. Marys Area Ambulance Service, Inc.

773 Johnsonburg Road, St. Marys, PA 15857

Office (814) 781-1571 Emergency 911

Membership Type: Please Check One

() Family \$36.00 () Individual \$30.00

Name: _____

Address: _____

Phone _____ Birth Date _____

Membership Valid 04/01/2011 to 04/01/2012

I, The undersigned, request that payment of Medicare benefits or other insurance benefits be made on my behalf to St. Marys Area Ambulance Service, Inc. for any ambulance service provided to me by St. Marys Area Ambulance Service, Inc. I authorize 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 the St. Marys Area Ambulance Service, Inc. any information and documentation needed to determine these benefits or benefits payable for related services

Signature _____ Spouse Signature _____

Subject to Membership Terms Which Are Available Upon Request

Please List Family Members (Dependents)

Name	Birth Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

This membership permits the St. Marys Area Ambulance Service, Inc. to collect directly from any Third Party agency whatever benefits may be available. Members of our subscription program are not responsible for any balances not covered by insurance for medically necessary ambulance services. This membership entitles you the member to unlimited emergency services and limited non emergency transportation depending on availability. Services not covered by this membership include but may not be limited to round trip inpatient hospital transportation and physician office transportation regardless of origin. **Membership will not be processed without signatures and subscriber information.**