



Great Bend Hallstead Volunteer Ambulance, Inc.
5 Carroll Street
PO Box 793
Great Bend, PA 18821

Revised 2016 Great Bend Hallstead Volunteer Ambulance Yearly Subscription Drive Information Enclosed

We are always in need of Supporting Members that do not want to make calls but will help with fund raising events or in other ways to let the people who do the calls have free time...

IMPORTANT 2016 SUBSCRIPTION DRIVE INFORMATION ENCLOSED

**Revised
Subscription
Form Enclosed**



GREAT BEND HALLSTEAD VOLUNTEER AMBULANCE, INC.

www.gbhva.com

www.gbha@echoes.net

570-879-4483



Help us Help You! Subscribe Today!

Great Bend-Hallstead Volunteer Ambulance, Inc.

Visit our website at: www.gbhva.com



2016 Subscription Program

Our subscription program means that you **NEVER** have any out of pocket expenses for ambulance service provided by Great Bend-Hallstead Volunteer Ambulance, Inc. In emergency situations where the patient is taken to the emergency room, if you have insurance, your insurance is billed. The subscription program takes care of the any balances remaining. If you don't have insurance, you will not have to pay for the ambulance transport to the ER. This is the case regardless of how many times our services are needed in one year. Also we have signed billing agreements with Montrose Minute Men Advanced Life Support (ALS), Barnes-Kasson ALS and Broome Volunteer ALS all of which provide Paramedic services to our coverage area. All services have agreed to honor our subscription program.

The subscription covers anyone residing in your household.

MultiMed Billing Services, Inc. PO Box 535 Baldwinsville, NY 13027 will continue to serve as our billing agent. They may be contacted at 800-927-5845 for all **billing questions only.**

If you are a couple which one qualifies for the senior citizen discount and one does not, please treat your plan as two individual plans. (\$25.00 Single & \$20.00 Senior)

The subscription is effective for the 2016 calendar year. It is non-transferable and non-refundable.

The subscription plan covers emergency transports only. In you are in need of **medically non-emergent transports,** please call Barnes-Kasson EMS @ 570-853-5058 or Montrose Minute Men EMS @ 570-278-9188 to **schedule an appointment** for transport at least 24 to 36 hours in advance. Please do not call 911 for non-emergent calls.

SUBSCRIBER AGREEMENT

This agreement is made between the Great Bend-Hallstead Volunteer Ambulance, Inc. (GBHVA), and me. This agreement provides for my subscription in the GBHVA Subscription Program. This subscription will cover any deductible or coinsurance amounts not paid by insurance for services provided by GBHVA. GBHVA agrees to look first to my insurance for payment of my bill in the event that I use any of the services of GBHVA.

I understand that I am responsible to pay for all services provided to me by GBHVA. By entering into this agreement, I agree to provide a signed assignment of benefits to enable GBHVA to collect directly from my insurance provider(s), Medicare, or other third party payer.

This agreement is not an insurance policy and does not provide any form of insurance coverage. This agreement in no way obligates GBHVA to provide any services to me. GBHVA Subscription does not cover services by companies other than GBHVA. My GBHVA Subscription fee covers me as the primary subscriber, my spouse, and any resident relative or dependent children who are residing at the same address.

Note: All insurance monies paid to you must be forwarded to the Ambulance. You will be sent to collections if the funds are not sent to the ambulance. Payments you receive directly from your insurance company should be immediately forwarded to GBHVA. Failure to do so will result in the immediate termination of this subscription agreement and you will be responsible for payment of all outstanding balances.

*Thank you for your continued support of our local **volunteer** ambulance corps and for helping us to help others.
For Subscription Drive Questions, please call 570-879-4483, and leave a message or email gbha@echoes.net.
Please allow 4-7 days for a reply.*

2016 Subscription Enrollment Form

- Family ~ \$45.00 Senior Couple * ~ \$30.00
 Single ~ \$25.00 Senior * ~ \$20.00

*Age 62 or over

Over



Name

Street Address

PO Box or Mailing Address (if different from Street Address)

City, State, Zip

Enter Name of Head of Household

Date of Birth

Enter Name of Additional Subscriber

Date of Birth

Relationship (Spouse, Child, Other)

Enter Name of Additional Subscriber

Date of Birth

Relationship (Spouse, Child, Other)

Enter Name of Additional Subscriber

Date of Birth

Relationship (Spouse, Child, Other)

Enter Name of Additional Subscriber

Date of Birth

Relationship (Spouse, Child, Other)

Business

- Less than 10 ~ \$95.00 11-20 ~ \$175.00 20-30 ~ \$255.00
 30-40 ~ \$335.00 Over 40 call 879-4483

(This covers your employees when the workplace is in Great Bend Borough/Township or Hallstead Borough only.)

Additional Donation

\$_____ A receipt will be mailed to you for tax purposes upon request. Check here

Return this form, by January 31st, with a Check or Money Order payable to:

**Great Bend Hallstead Volunteer Ambulance, Inc.
PO Box 793
Great Bend PA 18821**

Thank you for your continued support!

We need your support to maintain the Great Bend-Hallstead Volunteer Ambulance Service both through volunteer assistance and monetary donations. If you are able or considering volunteering as an EMT or First Responder please contact any current member of the ambulance or call 570-879-4483 and leave a message. If you have time to volunteer, in any capacity, please see a member for an application.

We understand that the medical service is not for everyone. Our service is in need of volunteers to perform many different tasks. If you are able to assist with fundraising that would be one less task on the shoulders of those that volunteer on calls, doing training, etc.

The value of human lives cannot be measured in dollars, but unfortunately there is a high cost to maintain our vital service to the public. *** ***Our yearly operating expenses are over \$115,000.00*** *** We desperately need your support and help while we strive to maintain the services you deserve.

Please keep in mind that our service is comprised of all volunteer members. When responding to calls, we may be in the middle of a dinner, grocery shopping or watching one of our children at a sporting event. Each call takes us away from our families for 2 to 3 hours. We do this because we care. We do our best to cover each call 24 hours a day, 7 days a week but the need for additional volunteers is always there.