

# A Membership in Citizens' Ambulance Service is About Much More than Saving Money -- Having Help There When You Need It Is Priceless!

To join, simply 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!**

Name \_\_\_\_\_  
HEAD OF HOUSEHOLD                      FIRST                      MIDDLE                      LAST

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Township or Boro \_\_\_\_\_ Phone \_\_\_\_\_

Email for updates \_\_\_\_\_

**IMPORTANT** Please sign application. Must be signed to be valid. See below for Terms of Membership.

X \_\_\_\_\_ X \_\_\_\_\_

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

**SPOUSE'S SIGNATURE**  
(I have read and agree to the Terms of Membership below)

\_\_\_\_\_  
**TOTAL ENCLOSED**

**Family Members:** Please list below the name and date of birth of spouse and each dependent to be included in your family membership. Family membership includes everyone living at your private residence.

**Household dependents included on your membership**

THIS INFORMATION IS REQUESTED TO AVOID DUPLICATE NAMES AND TO ASSIST IN FUTURE BILLING.

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

Detach Here

Please Keep This As Your Receipt.

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

## YOUR MEMBERSHIP EXPIRES APRIL 10, 2013

**Payment Method:**

Check # \_\_\_\_\_       Money Order

Cash       Credit or Check Card

Contribution    \$5    \$10    \$25    \$50    \$100    \$250    Other \$ \_\_\_\_\_

**Enrollment:**

Family      \$55.00       Sr. Family      \$53.00

Individual      \$50.00       Sr. Individual      \$48.00

**Date of payment** \_\_\_\_\_      **Total Amount Paid** \_\_\_\_\_

### TERMS OF MEMBERSHIP

**Provisions for Service:** Citizens' Ambulance Service Inc. (Citizens') will provide emergency and non-emergency ambulance service when medically necessary through April 10, 2013. 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 patient's medical necessity 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' Ambulance Service Inc. to bill and receive payment from your primary insurance (Medicare or other) and any other insurance carriers. If your insurance plan pays benefits directly to you, it is your responsibility to forward all payments to Citizens' Ambulance Service Inc.

**Annual Membership Fee:** The annual membership fee for Citizens' Ambulance Service Inc. limits your out-of-pocket expense by covering the entire uninsured portion of all local emergency ambulance services provided by Citizens' Ambulance Service. This pertains to medically necessary trips within the subscription service area for you or a dependent household member(s). Emergency long distance service that is not eligible for insurance benefits may be billed directly to you at the member mileage rate. The base rate is covered by your membership. Emergency services rendered that do not meet your insurance company's definition of medical necessity or insurance pre-authorization will be subject to Citizens' current billing policies with payment due directly to Citizens' Ambulance Service Inc. by the patient or responsible party.

**Citizens' Transport Services:** Citizens' Ambulance Service Inc. offers medical transport van services (transportation to and from medical appointments when an ambulance is not medically necessary). This service utilizes wheelchair accessible vans. The service is available for an additional fee. Reduced rates are available for Citizens' members. Please note that insurance reimbursement is limited for this type of service and the patient may be responsible for payment.

**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 to release such information to Citizens' Ambulance Service Inc. 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' Ambulance Service.

**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.