



Dear Friends & Neighbors,

As we begin the 2018 membership drive, we thank our loyal contributors and look forward to welcoming new members to our organization. Elverson-Honey Brook Area EMS serves the areas of Southern Berks, Northwestern Chester and Eastern Lancaster Counties. We cover a response area of approximately 225 square miles and respond to over 2,500 emergency calls per year. Staffed around-the-clock at our stations in Honey Brook & Elverson, the volunteers and career professionals of our organization fulfill the vital need of providing emergency medical services to our community members in their time of need.

Accomplishing this critical community mission also includes you, our fellow neighbor. The challenge of providing exceptional pre-hospital care is becoming more difficult as expenses rise and insurance payments decrease. Funded primarily through billing for service and this membership drive, Elverson-Honey Brook Area EMS continues to monetarily struggle in meeting our commitment to the community. Your membership not only insures you and your family's benefit in the time of a medical emergency, but allows us to continue providing this service to the entire community. Also, any additional donation above the membership fee will be earmarked for the upgrading of our response vehicles, which play a key role in definitive medical care.

Elverson-Honey Brook Area EMS is designated as a 501(c)3 non-profit organization and receives less than 10% of its operating budget from municipal donations. Please see our web site (ehbems.org) for additional information, including tax statements and our annual report coming in the Spring of 2018.



Elverson – Honey Brook Area EMS

PO Box 154 • Elverson, PA 19520

**KEEPING OUR COMMUNITY SAFE IS OUR
PRIMARY CONCERN, BUT WE NEED HELP**



Dear Friends and Neighbors,

Your participation in the Elverson - Honey Brook Area EMS Membership Drive will eliminate much of your out of pocket medical expenses for ambulance services while at the same time allow us to continue to provide quality medical services to you and your family. The Affordable Healthcare Act has put a financial burden on individuals and their families, causing residents living in the communities we serve to struggle to pay their deductibles and high copays. In response, Elverson-Honey Brook Area EMS has restructured its 2018 membership drive to help reduce your financial burden while at the same time provide us with the funds we so desperately need to continue operations.

Your contribution of \$45.00 - \$90.00, depending on the membership you purchase, will drastically reduce your out of pocket expenses after your insurance company processes your claim. Any additional donation you may wish to send us is tax deductible and would greatly assist us in purchasing a new ambulance and in meeting our financial obligations.

HOW DOES MY PAID MEMBERSHIP BENEFIT MY FAMILY?

1. **Each member of your household is covered based on the membership you purchase for your family.** Coverage begins on the post-marked date and continues in effect until December 31, 2018.
2. **Your family will receive 2 FREE 911 calls when no transport to the hospital is required.** Additional 911 calls will be billed to you at a 50% discount off our current fee. Please note, 911 calls that do not include a transport are not a covered service under any Medicare or PA Medicaid plan. Therefore, if you have a Medicare plan and DO NOT purchase a membership, you will be responsible for our entire fee of \$210.00.
3. All **medically necessary emergency** transports will be covered under this membership as follows: For the first transport, we will accept your insurance company's payment as payment in full and will not bill you for the patient responsibility portion. For subsequent transports, you will receive a 75% discount on the patient responsibility portion, as determined by your insurance company.

This is how the discount works:



4. If your insurance determines that your transport was **NOT medically necessary**, by having a membership, you will only be charged Medicare's allowable fee no matter what insurance you have.

Return your paid membership and any additional tax deductible donation today. Be sure to keep the membership card that is attached for your personal records. Your cancelled check will be your receipt. Please be sure to notate any name or address changes on your membership application.

THANK YOU FOR YOUR SUPPORT!

MEMBERSHIP DEPARTMENT: 610-286-7944 / OPERATIONS & PERSONNEL DEPARTMENT: 610-286-8925

WEBSITE: www.ehbems.org

Our organization works very closely with our local fire departments, but we are a separate entity. Please continue to SUPPORT your local fire departments, also.

**IF YOU NEED AN
AMBULANCE DIAL:**

911

2018 Residential Membership Rates

Individual (\$60.00)

Covers 1 person under the age of 65

Family (\$75.00)

Covers a family of 5 or less, including children under the age of 18 living in the same household

Family Plus (\$90.00)

Covers a family of any size, and children of any age living in the same household

Individual SENIOR (\$45.00)

Covers 1 person over the age of 65

SENIOR Family (\$60.00)

Covers 2 people, one of them must be over the age of 65

Elverson-Honey Brook Area Emergency Medical Services

2018 AMBULANCE MEMBERSHIP

Membership # _____

MUNICIPALITY _____

MEMBERSHIP: \$ _____

PHONE _____

DONATION \$ _____

E-MAIL _____

TOTAL: \$ _____

Please provide your name and address below

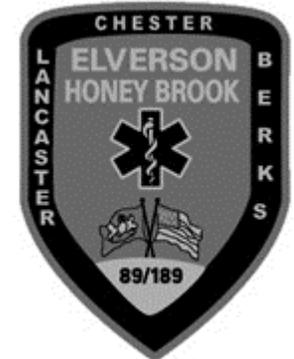
MEMBERSHIP RATES (please circle one):
Individual: \$60.00
Family: \$75.00 Family Plus: \$90.00
Individual SENIOR: \$45.00 SENIOR Family: \$60.00

Please make checks payable to Elverson-Honey Brook Area Emergency Medical Services

PLEASE LIST ALL INDIVIDUALS RESIDING IN YOUR HOUSEHOLD

DATE OF BIRTH

Elverson-Honey Brook Area
Emergency Medical Services
PO Box 154
Elverson, PA 19520
2018 MEMBERSHIP CARD
CALL 911 FOR EMERGENCIES
MEMBERSHIP QUESTIONS
(610) 286-7944
CHECK # _____
DATE: _____
CARD EXPIRED 12/31/18
Please retain this portion
for your records



I understand that I am financially responsible for the services provided to me or my family members by this health service provider or supplier regardless of my insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the health service provider or supplier or its billing agent for any services provided to me by the health provider or supplier. I authorize and direct any holder of medical information or documentation about me be released to the Center for Medicare and Medicaid Services and its carriers and agents, as well as to this health provider or supplier and their billing agents, any information or documentation needed to determine these benefits payable for any services provided to me by the health service provider, both now or in the future. A copy of this form is as valid as the original. I also agree to immediately remit to this health service provider any payments that I receive directly from any source for the services provided to me, now or in the future.

SIGNATURE: _____ DATE: _____