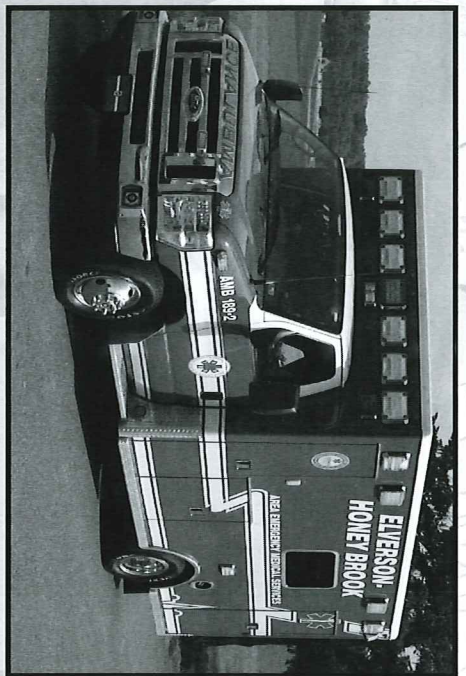
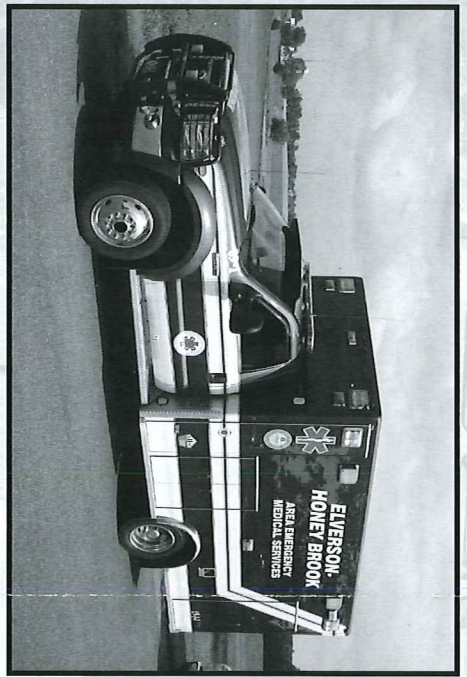
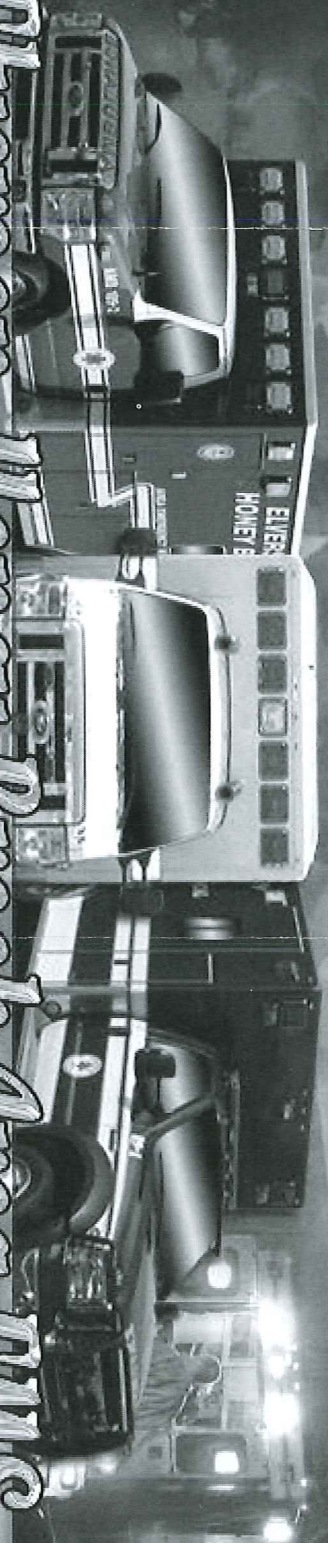


Everson-Honey Brook Area EMS



Elverson - Honey Brook Area EMS

PO Box 154

Elverson, PA 19520

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



IF YOU NEED AN AMBULANCE DIAL: 911

Dear Friends of the Community,

We thank our great community for their past contributions and generous support as Elverson EMS and Honey Brook Fire Company Ambulance merged as one company providing Basic Life Support (BLS) ambulance service effective January 1, 2015.

As a non-profit ambulance organization our survival depends on memberships, donations, receivables from insurance companies and township donations. We are proud to say we are offering our yearly membership with NO increase in costs to you. With the ever changing uncertainty in healthcare costs the membership will help alleviate the financial burden on you and/or your family. We will submit your claim to your insurance for the services we provide to you. Per membership purchased the high deductibles and co-pays for three medically necessary 911 emergency services will be adjusted for you. Membership questions can be addressed by calling our membership and billing directly at 610-286-7944.

As part of our merger we have implemented system status management during daylight hours to decrease response times, as well as increase resources that are available to our community. We continue to strive in making positive changes through community education and providing highly trained professionals on our ambulances. Anyone who would like to volunteer, please make note on your 2016 fund drive or contact us directly at the station 610-286-8925. We provide all the necessary training and welcome new members as we continue to strive to provide exceptional service to our community.

The following highlights an overview of the membership guidelines.

- *The membership is a yearly membership with effective dates:* January 1, 2016 and expires December 31, 2016. Membership cannot be purchased and used retroactively once you need our service. We will establish the purchase date by the date of the post mark.
- The membership program covers you for three medically necessary 911 emergency services. Your membership is not an insurance policy. If your insurance processes your claim as not medically necessary your membership does not apply.
- Membership does NOT cover any local Advanced Life Support (ALS) services that assist Elverson-Honey Brook Area EMS with your care. You may receive a separate bill for those services provided.

To become a member for 2016 year please complete the enclosed form and return with your payment. Please punch out the attached card and keep for your personal records. NO new cards will be mailed. Your check will be your receipt. Please be sure to notate any name or address changes. We will do our best to update for the following year. Also notate on the form you return by checking the box if you were previously an Elverson or Honey Brook member.

Our organization works very closely with our local fire departments, but we are a separate business entity, so please continue to support your local fire department also.

We appreciate your patience and understanding in helping us to update our membership list. We greatly appreciate your continued support through the years!

2016 Residential Membership Rates

Individual (\$50.00)

Covers 1 person under the age of 65

Family (\$65.00)

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

Family Plus (\$75.00)

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 EMS

You may complete this information for your records:

Date Sent _____ Amount \$ _____ Check No. _____

← Please refer to this number in any correspondence.

Please support Elverson - Honey Brook Area EMS.
We also thank you for your continued support.

005926 T019

Please subscribe today!

Subscription Receipt

• 2016 •

KEEP THIS PORTION FOR
YOUR RECORDS

ALL EMERGENCY CALLS:

9 - 1 - 1

INFORMATION CALLS ONLY:

610-286-8925

www.ehbems.org

ELVERSON - HONEY BROOK AREA EMS

Circle the amount of your Subscription & Return this portion

Individual	Family	Family Plus	Individual Senior	Senior Family
\$50.00	\$65.00	\$75.00	\$45.00	\$60.00

Please refer to this number
in any correspondence.

Detach Here

• 2016 •

Subscription Request

Make Checks Payable To:

ELVERSON - HONEY BROOK AREA EMS
PO BOX 154
ELVERSON PA 19520



- PLEASE CORRECT NAME & ADDRESS
- ELVERSON DIVISION
- HONEY BROOK DIVISION

Please complete back of form →

RETURN THIS PORTION IN THE ENVELOPE PROVIDED

Detach Here

Please detach this card after
mailing us your subscription fee.

SUBSCRIPTION CARD

ELVERSON - HONEY BROOK AREA EMS

EMERGENCY CALLS **9 - 1 - 1**

ALL OTHER CALLS 610-286-8925

EXPIRES December 31, 2016

REMOVE AND RETAIN **SUBSCRIPTION CARD**

The Board of Directors would like to thank our Community for the support they have given us during our recent merger. Elverson - Honey Brook Area EMS is now serving our Community with 3 BLS units during the day and 2 BLS Units at night. We use system status management to provide faster response times during high call volume times. We would ask that you kindly select the box above listing the division you currently reside in: either the Elverson Division or Honey Brook Division.

Thank You For Your Continued Support.



AUTHORIZATION

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 to release 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 _____

Please list all family members residing at this address to be covered by this membership. Date of Birth

Remember: Always wear your seatbelt and make sure children are properly secured.

This membership entitles the holder unlimited **Emergency Medical Service** within the coverage area, subject to the subscription terms and conditions available upon request,

— THANK YOU FOR YOUR SUPPORT —