

Upper Valley Ambulance Subscription Agreement

Name _____ Social Security # _____ Date Of Birth _____

Mailing Address _____ Town _____ State _____ Zip code _____ Home Phone _____

Name, age and Social Security Number of dependants other than myself to be included on this membership _____

Name _____ Social Security Number _____ Date of Birth _____

\$45.00 Payment Must
Accompany This Application
____ Personal Check
____ Money Order
____ Cash

YOUR SIGNATURE REQUIRED BY YOUR INSURANCE COMPANY



SUBSCRIPTION AGREEMENT

I hereby apply for an Upper Valley Ambulance (UVA) subscription for myself and dependants listed on my application. I understand that the yearly fee of \$45 per household is not pro-rated and provides unlimited EMERGENCY AMBULANCE SERVICE, when medically necessary, to me and my listed household members as needed in the towns of Bradford, Fairlee, Corinth, Strafford, Thetford, Vershire, West Fairlee, and the towns of Orford and Piermont, New Hampshire.

Subscriptions renew once a year in either June or December. This Subscription will be terminated if the subscriber moves out of the UVA response area. I understand that if any member of my household uses our services, UVA will bill my insurance company. I agree to forward to UVA all payments received by me for services provided by UVA. This subscription is non-refundable and is non-transferable. I authorize payment of medical benefits to Upper Valley Ambulance, Inc.

**PLEASE SIGN AGREEMENT ON
LAST PAGE OF THIS BROCHURE**

Phone: 802-333-4043
Fax: 802-333-4234
www.uppervalleyambulance.com



24 HOUR AMBULANCE SERVICE



Proudly Serving the Communities of:

- BRADFORD * FAIRLEE * CORINTH *
- ORFORD * PIERMONT * STRAFFORD
- * THETFORD * VERSHIRE *
- WEST FAIRLEE

SINCE 1990

SUBSCRIPTION
AMBULANCE
SERVICE

802-333-4043

UPPER VALLEY AMBULANCE, INC.

How Subscription Services Works:

For your subscription, Upper Valley Ambulance agrees to provide all persons living in your household with unlimited **Medically Necessary Emergency Ambulance Service** for one full year. Subscriptions are accepted anytime through the year, and expire in either June or December of the next year.

Who Is Covered?

The principle subscriber and all persons residing in your household will be covered under this subscription.

Cost of Service:

Once a year each household buys one \$45.00 subscription to Upper Valley Ambulance.

What about Insurance Coverage?

Health Insurance may cover a portion of the ambulance bill, but generally only under a Major Medical Policy. With most Insurance companies there is a deductible amount.

What if I DO NOT have Insurance?

Cost to subscribers not covered by insurance is \$45.00 per year per household.

More on Billing

Upper Valley Ambulance reserves the right to bill any third party billing. Upper Valley Ambulance agrees to bill your insurance company for you as part of your Subscription Service Agreement. *(The subscription agreement requires you to send Upper Valley Ambulance any insurance payments received by you for services performed by Upper Valley Ambulance)*

Insurance payments account for a large portion of Upper Valley Ambulance's operating funds.

A Subscription Agreement provides unlimited **Medically Necessary Emergency Ambulance Services** for all person residing in your household, and is renewable in June or December of each year.

All checks should be payable to Upper Valley Ambulance.

A member is **NEVER** charged for the balance of a Medical Necessary Ambulance bill not covered by insurance.

Need more Information?

Call our non-emergency number:
802-333-4043
Monday - Friday 8AM - 6PM

IMPORTANT REASONS FOR JOINING UPPER VALLEY AMBULANCE'S SUBSCRIPTION PLAN

- Upper Valley Ambulance provides Advanced Life Support Service.
- Emergency Medical Technicians are on duty 24 hours a day, 7 days a week at Upper Valley Ambulance headquarters
- The charge is only \$45 per year even if you do not carry insurance or have a large deductible, and the one once a year charge covers everyone in your household.
- Upper Valley Ambulance serves 9 communities in Vermont and New Hampshire
- Free Home Safety Inspections, Blood Pressure Checks, CPR Instructions and tours of our headquarters are available upon request.



5445 Lake Morey Rd
Po Box 37
Fairlee, VT 05045

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