



# MUTUAL AID = EMS =

## MEMBERSHIP SUBSCRIPTION APPLICATION

Mutual Aid Ambulance Service Inc. 561 West Otterman Street, Greensburg, PA 15601  
[www.mutual-aid.com](http://www.mutual-aid.com) (724) 837-6134

### Ambulance Subscription Membership Overview

#### INDIVIDUAL

**\$50.00/YEAR**

Covers only one individual whom is subscribing.

#### FAMILY

**\$70.00/YEAR**

Covers all permanent residents of your home.

#### BUSINESS

**\$200.00/YEAR**

Covers employees of a business as members while they are at work.

#### SUBSCRIPTION OVERVIEW

- Members will receive a 50% discount off copays/coinsurance over \$200 related to emergency and non-emergency ambulance service provided by Mutual Aid Ambulance.
- Members receive a reduced rate of \$258.15, plus \$8.54 per mile for all non-emergency/ non-covered transports; \$413.04, plus \$8.54 per mile for all emergency/non-covered transports, which will coincide with the current Medicare fee schedule.
- Members receive a 50% discount for on-scene treatment without transport.
- Memberships are valid for a period of one year from the date of purchase.

Choose One:  Individual  Family  Business

Account Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Date current Membership Expires: \_\_\_\_\_

#### Household Member(s) (excluding account holder name)

Last Name	First Name	M Int.	DOB
Last Name	First Name	M Int.	DOB
Last Name	First Name	M Int.	DOB
Last Name	First Name	M Int.	DOB
Last Name	First Name	M Int.	DOB

Would you like to make a donation? \$ \_\_\_\_\_

Submission of this application with payment constitutes acceptance of Mutual Aid Ambulance Service terms of agreement on the reverse side of this form. A copy can be printed online @ [www.mutual-aid.com/memberships](http://www.mutual-aid.com/memberships).

Check Payable to MAAS OR  Visa  Mastercard  American Express  Discover OR  Subscribe Online

Automatically renew my yearly membership

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_ CVV: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please complete this form and return along with your membership fee. **THANK YOU**



**SUBSCRIBE ONLINE**  
Scan this QR code or visit  
[www.mutual-aid.com/  
memberships](http://www.mutual-aid.com/memberships)



**SUBSCRIBE BY PHONE**  
724-837-6134  
Monday through Friday  
7:30am to 4pm



**SUBSCRIBE BY MAIL**  
561 West Otterman Street  
Greensburg, PA 15601

## DID YOU KNOW?

Mutual Aid Ambulance Service is the primary emergency provider for 39 municipalities in both Westmoreland and Fayette County. In 2022, we answered nearly 76,000 requests for service from 16 stations strategically placed throughout the communities. Outside of small donations from several communities, Mutual Aid Ambulance Service does not receive tax money to support our operations, which makes the ambulance subscription program critical to our operations.

## YOUR SUPPORT IS VITAL TO THE EXISTENCE OF MUTUAL AID AMBULANCE SERVICE.

As a 501(C) (3) non-profit organization, your support directly enables us to purchase innovative medical equipment, personal protective equipment, and constantly modernize our fleet of 33 advanced life support ambulances. We rely on billing health insurance for services rendered to sustain our operations, however with changes in legislation, there has been substantial decline in insurance reimbursements for emergency providers. This program infuses critical dollars to offset the cost of personnel, training, and equipment so that we can continue to serve you!

**Our sincerest thanks to all of our current and former members who have generously supported our mission of caring for the community!**

### Terms/Conditions of Membership

- Members receive a reduced rate of \$258.15, plus \$8.54 per mile for all non-emergency/ non-covered transports; \$413.04, plus \$8.54 per mile for all emergency/non-covered transports, which will coincide with the current Medicare fee schedule.
- You must comply with all terms and conditions of your insurance carrier.
- Members are responsible for non-covered mileage charges in and outside of our coverage area.
- We reserve the right to do third party billing, which means we will still bill your insurance carrier.
- Members will be responsible for all insurance deductibles, 50% of copays and coinsurance over \$200.
- Wheelchair van services are not covered as a membership benefit.
- Members are responsible to obtain physician authorizations and physical medical necessity certificates as required by their insurance carrier.
- If we respond to your residence/scene of an emergency and you accept treatment and refuse transport, you will be responsible for a discounted rate of \$75.
- This membership agreement provides transportation only. It is the member's responsibility to pay for medical service and treatment charges that are not paid by the member's insurance.
- Business memberships will treat your employees as members, this only applies while they are at work, and should ambulance services be required. This gives an added tax-deductible employee benefit.

**\*\*\*2023 New Fees\*\*\***

Our public assist charge will be a fee of \$75, this will cover lift assists, helping patients in/out of homes/vehicles, extra personnel needed, etc. New this year, wait time fee of \$50/30 mins both ambulance and wheelchair van services.

For additional terms and conditions, please visit [www.mutual-aid.com/memberships](http://www.mutual-aid.com/memberships). Terms and conditions are subject to change at any time.