

MUTUAL AID = **EMS** =

MEMBERSHIP APPLICATION

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

RETAIN

or current expiration date.

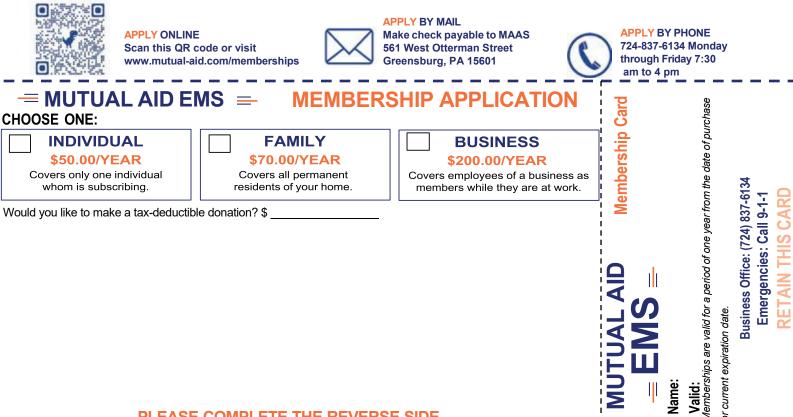
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Mutual Aid Ambulance Service operates as a non-profit 501(C)(3) organization, dedicated to delivering pre-hospital emergency medical services to the communities within its jurisdiction. Serving 33 municipalities across Westmoreland and Fayette Counties, we manage 14 stations and responded to approximately 55,000 service requests annually. Regrettably, only a limited number of these municipalities offer any form of assistance to help sustain the critical services we deliver.

Your Support is Vital to Ensuring That Mutual Aid **Ambulance Service Will Continue to be Available for You**

Our primary source of funding stems from payments received from Medicare and various insurance providers. Despite this financial support, these payments do not comprehensively offset the expenses incurred for our personnel, vehicles, training, medical supplies, and personal protective equipment. The Membership Program plays a pivotal role in generating essential income crucial for upholding the exemplary standard of care we deliver to your community.

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



Would you like to make a tax-deductible donation? \$



Q. HOW LONG IS MY MEMBERSHIP VALID?

A. Membership benefits are valid for a period of one year from the date of purchase or current expiration date. Membership benefits cannot be applied retroactively to ground ambulance transportation services that were provided prior to purchasing the membership.

Q. WHY DO I NEED TO SUBSCRIBE IF I HAVE HEALTH INSURANCE?

A. Most insurance companies do not pay 100% of total ambulance charges. Most insurance plans require that you pay a co-payment, co-insurance, or a deductible. As a member, you will receive a 50% discount off Co-pays/Co-insurance over \$200 related to emergency and non-emergency ambulance service provided by Mutual Aid Ambulance. Members receive a reduced rate of \$325 plus \$6 per mile for all non-emergency/ non-covered transports; \$440 plus \$6 per mile for all emergency/non-covered transports, which will coincide with the current Medicare fee schedule.

Q. WHY AM I RESPONSIBLE FOR MY INSURANCE DEDUCTIBLE IF I HAVE A MEMBERSHIP?

A. A deductible is the amount a patient must pay out of his or her own pocket before full healthcare insurance kicks in to cover medical claims. Mutual Aid cannot give you a discount on your deductible because we are contractually obligated by your insurance carrier to collect the full amount.

Q. I HAVE MEDICAID - DO I NEED A MEMBERSHIP?

A. No. Healthcare providers may be prohibited by law from offering Membership to or accepting Medicaid recipients. By submitting an application for Membership, the applicant certifies that they are not a Medicaid beneficiary.

Q. CAN I TAKE OUT A MEMBERSHIP IF I DO NOT HAVE INSURANCE?

A. Yes. You will receive a discounted rate on your emergent and non-emergent transportation, which will coincide with the current Medicare fee schedule.

Q. AM I CHARGED ANY FEES IF AN AMBULANCE DOES NOT TRANSPORT ME TO THE HOSPITAL?

A. Yes. Mutual Aid does charge a fee when on-scene treatment is provided but the patient is not transported. Since most insurance companies do not provide coverage for on-scene treatment without transport, members receive a 50% discount for any related fees that are not covered by insurance.

Q. WHAT SHOULD I DO WHEN THE INSURANCE COMPANY SENDS YOU A CHECK FOR YOUR AMBULANCE SERVICE?

A. Mutual Aid bills the patient's insurance company and some insurance companies mail the check directly to the patient. This check should be sent to Mutual Aid so it can be credited for payment on your account. Failure to send the check from the insurance company will result in termination of any membership and the patient will be held responsible for full charges with no member discount. Any collection fees/court fees associated with an attempt to collect on the account will be the responsibility of the patient.

***For additional terms and conditions, please visit www.mutual-aid.com/memberships. Terms and conditions are subject to change at any time.

Mutual Aid Ambulance Service reserves the right to bill all available third party claims.	This membership entitles holder to unlimited Emergency Medical Service and additional ancillary services, when available, subject to terms and conditions which are available on our website. www.mutual-aid.com/memberships	MUTUAL AID EXAMPLE : For additional information, call 724-837-6134 7:30 am - 4 pm Mon - Fri	Account Holder First Phone		
			Household Member(s) First	MILast	DOB
			First	MILast	DOB
			First	MILast	DOB
			First	MILast	DOB
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			If paying by credit card, please complete the following:		
			□ Visa □ Mastercard	□ American Express	□ Discover
			Card #		CVV: Exp Date: /
			Signature:		Date: