



713 WEST FRONT STREET, CLEARFIELD, PA 16830

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR PAYMENT TODAY!

Name _____
HEAD OF HOUSEHOLD FIRST MIDDLE LAST
MAILING ADDRESS _____ APT. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

☐ Family Plan \$80.00
☐ Individual Plan \$55.00
Payment Method
☐ Check No. _____
☐ Cash ☐ Money Order

CONTRIBUTIONS ARE ALSO WELCOME
☐ \$5.00 ☐ \$10.00 ☐ \$25.00 ☐ OTHER TOTAL PAYMENT

List full name of every person living in your home to be included in your membership.

| | |
|---------------|---------------|
| _____ Name | _____ Name |
| _____ Name | _____ Name |

Release of Medical Information: I request that payment of authorized Medicare or other insurance benefits be made on my behalf to Clearfield EMS, Inc. for any ambulance services provided to me. I authorize any holder of medical information or documentation about me to release to the CMS and their carriers and agents, as appropriate, as well as to Clearfield EMS, Inc. any information or documentation needed to determine these benefits or benefits payable for related services or any service provided to me by Clearfield EMS, Inc. now or in the future.

Members Signature



Heart Attacks. Strokes. Choking. Burns.
Vehicle Mishaps. Falls. Sudden Illness.
Emergencies can happen anytime, anywhere.

The Clearfield EMS ambulance membership plan covers medically necessary emergency transports to the closest appropriate hospital according to Medicare guidelines at cms.gov. The plan covers any uninsured portion of a claim, insurance co-payments, and deductibles for every member of your household at an affordable rate.

Open enrollment is from May 12 through June 30. Memberships received after June 30 will be subject to a 30-day waiting period.
Memberships are not prorated and are non-rundable.

BENEFITS A PENN HIGHLANDS CLEARFIELD EMS MEMBER RECEIVES

- PH Clearfield EMS is a charitable non-profit Company. We receive no revenue from a taxbased assessment. Our operations must be supported through insurance reimbursements AND membership dollars! You may say, “Well, my insurance will pay for ambulance service.” It may or may not. *But what good is your insurance if there is no ambulance to respond?*
- Membership covers all expenses not covered by your primary medical insurance for medically necessary ambulance service to the closest appropriate hospital according to medical guidelines at cms.gov.
- Members can use the Area Transportation Authority’s wheelchair vans, for medical transports, for FREE, restrictions apply-call for details. The membership is not an insurance policy.
- PH Clearfield EMS handles the billing of your medical insurance carrier. Insurance is billed prior to membership plan.
- Your membership helps offset the high costs involved in providing a much needed community service.
- **Members receive a \$25 dollar discount on lift assists.**
- **Don’t wait!!! Return the enclosed application today!**
Your continued support is greatly needed & appreciated!

FUNDRAISING

We may contact you when we are in the process of raising funds for Penn Highlands Clearfield EMS, or to provide you with information about our annual subscription program. In addition, we may use your PHI for certain fundraising activities. For example, we may use PHI that we collect about you, such as your name, home address, phone number or other information, in order to contact you to raise funds for our agency. If PH Clearfield EMS Inc. does use your PHI to conduct fundraising activities, you have the right to opt out of receiving such fundraising communications from PH Clearfield EMS Inc. If you do not want to be contacted for our fundraising efforts, you should contact our HIPAA Compliance Officer in writing at 713 West Front Street, Clearfield PA 16830, or by phone 814-765-6710, or by e-mail at medic1director@yahoo.com. We will also remind you of this right to opt out of receiving future fundraising communications every time that we use your PHI to conduct fundraising and contact you to raise funds. Clearfield EMS Inc. will not condition the provision of medical care on your willingness, or non-willingness, to receive fundraising communications.