



PMREMS SUBSCRIPTION DRIVE

June 1, 2023 - May 31, 2024

MEMBERSHIP MAKES A DIFFERENCE

Help us during our Annual Drive going on now thru May 31, 2023
*Signups accepted year round

Pocono Mountain Regional Emergency Medical Services (PMREMS), a nonprofit organization, would like to first thank you for last year's support. Your membership and donations truly make a difference.

Last year, PMREMS responded to over 7000 emergency calls showing an increasing need for our services. As call volume increases, so do operating costs which include building and vehicle maintenance, equipment purchases, and training classes for our medical professionals. To help offset these costs and continue to give the quality of care you deserve, we turn to our community for help.

HELP US HELP YOU

YOUR \$85 SUBSCRIPTION

- Covers your household
- Unlimited medically necessary 911 transports
- PMREMS bills your insurance directly
- No co-pay or deductible associated with your medical insurance coverage -plus- you will not be billed for the portion not covered by insurance
- Accepted by ambulance services providing mutual aid to PMREMS

WITHOUT

- Billed for the portion not covered by insurance that could mount to hundreds of dollars

A Note to Medicare Beneficiaries

Medicare pays 80% of their fee schedule leaving the patient responsible for a 20% balance

- 20% Medicare balance waived
- Billed 20% Medicare Balance

Medicare beneficiaries may still be billed for co-payments & deductible if required by law

THANK YOU FOR YOUR SUPPORT

POCONO MOUNTAIN REGIONAL EMERGENCY MEDICAL SERVICES

June 1, 2023 to May 31, 2024 Subscription

Name _____ Phone _____

Email Address _____

Mailing Address: Street/P.O. Box _____

City and State _____ Zip _____

Pocono Physical Address _____ Development _____

Credit Cards Accepted M/C, Visa Card # _____ Exp. ____/____

THANK YOU FOR YOUR \$85 SUBSCRIPTION
ADDITIONAL DONATIONS ARE ENCOURAGED

Subscription \$ _____

Check # _____

Donation \$ _____

Enclosed or Scan & Donate Online



- | | |
|---|---|
| <input type="checkbox"/> Barrett Township | <input type="checkbox"/> Price Township (up to Nola Road) |
| <input type="checkbox"/> Coolbaugh Township | <input type="checkbox"/> Tobyhanna Township |
| <input type="checkbox"/> Mount Pocono Borough | <input type="checkbox"/> Tunkhannock Township |
| <input type="checkbox"/> Paradise Township | |

CVV # _____

See Other Side

RETURN THIS COMPLETED PORTION WITH PAYMENT TO
PMREMS 135 TEGAWITHA ROAD, TOBYHANNA, PA 18466

See Other Side



Transportation as part of this Subscription covers Emergency Ambulance Services. Emergency Services are generated through the 911 system. Ambulance transportation of an emergency nature is limited to emergency ambulance transport to the closest appropriate medical facility and is deemed to be "medically necessary" by the applicable insurance plan in which the subscriber is enrolled.

Payment Liabilities Not Covered Under the Subscription

Insurance pays for ambulance transportation in accordance with the terms of your policy. In certain situations, a subscriber may be financially responsible for payment for ambulance transportation that is not covered by your insurance, and you may not be advised of this non-coverage at the time of your transport. In cases where the transport is not medically necessary, you are uninsured, or where you were able to take another form of transportation, you will be financially responsible for the charge imposed by PMREMS, less a discount to be determined periodically by PMREMS.

Disclaimer

This subscription program is not a contract for the provision of ambulance services. A mutual aid ambulance service may respond when our ambulance service is unavailable. This is not a solicitation for the offer or sale of an insurance product. The terms and conditions of this subscription program are subject to change without prior notice. Medicare beneficiaries may still be billed for co-payments and deductibles if required by law. **Medicaid beneficiaries are not eligible to participate in PMREMS's subscription program.** All subscriptions are subject to acceptance by PMREMS and may be canceled or revoked in PMREMS's sole discretion. The subscriber acknowledges that PMREMS will bill available third party insurance for services rendered and **agrees to remit any third party insurance payments received directly by the subscriber for ambulance services provided by PMREMS to PMREMS.**

New Year - New Signup Ease for 2023 to 2024 REGISTER YOUR SUBSCRIPTION ONLINE



Simply Scan or Go to PMREMS.org/Subscription Questions? INFO.PMREMS@GMAIL.COM

THANK YOU FOR YOUR SUPPORT

POCONO MOUNTAIN REGIONAL EMERGENCY MEDICAL SERVICES
June 1, 2023 to May 31, 2024 Subscription

I apply for membership in the Subscription Program of PMREMS. I agree to the terms and conditions of the Subscription Program described above. **I verify that I am not a Medicaid beneficiary.** I request that payment of authorized Medicare or any other insurance benefits be made on my behalf to PMREMS for any ambulance services provided to me by PMREMS now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by PMREMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. **I agree to immediately remit to PMREMS any payments that I receive directly from my insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to PMREMS.** I authorize PMREMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to PMREMS, its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by PMREMS, now, in the past, or in the future. A copy of this form is as valid as an original.

Please list all family members living in your household

Privacy Practices Acknowledgement

By signing below, I acknowledge that I have received PMREMS's Notice of Privacy Practices. I am also acknowledging by signature that I understand the text regarding the subscription program

X _____
Signature of Head of Household

X _____
Signature of Primary Subscriber

I am not currently a participant of Medicaid