

**2008 Subscription Application
For
Avonmore Life Savers EMS, Inc.**

Senior Citizens (62 years of age or older)..... \$20.00 per person \$ _____
Single Person..... \$40.00..... \$ _____
Families (living in the same house)..... \$50.00..... \$ _____

Please Print Legibly

Name: _____
Street Address: _____ City: _____ Zip Code: _____
Telephone Number: (____) _____ - _____
Date of Birth: _____/_____/_____ Social Security Number: _____ - _____ - _____
Spouse's Name: _____ Social Security Number: _____ - _____ - _____

Medicare / Insurance I.D. Number: _____

Supplemental Insurance Company: _____
Supplemental Insurance Policy #: _____ Group #: _____

Additional Insurance Company: _____
Additional Insurance Policy #: _____ Group #: _____

Dependants

Name	Date of Birth	Social Security #
_____	____/____/____	____ - ____ - ____
_____	____/____/____	____ - ____ - ____
_____	____/____/____	____ - ____ - ____
_____	____/____/____	____ - ____ - ____

Medical Authorization of Benefits

I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and its agents, Avonmore Life Savers EMS, Inc., and its agents, any information needed to determine Medicare benefits or the benefits payable for related services or any type of insurance claim, now or in the future. I permit a copy of this authorization to be used in place of the original and request that payment available under any insurance to be made payable directly to Avonmore Life Savers EMS, Inc. In the event payment(s) are made or sent to me, I agree to immediately endorse and forward them to Avonmore Life Savers EMS, Inc.

Subscriber's Signature: _____ Date Signed: ____/____/____
Spouse's Signature: _____ Date Signed: ____/____/____

Your subscription is not valid unless this form is completed and signed.

SUBSCRIBER AGREEMENT

I understand that my Avonmore Life Savers EMS, Inc. annual subscription of \$50 for families, \$40 for a single person, and \$20 for Senior Citizens covers any deductible and / or amounts not paid by insurance for emergency services rendered by the Avonmore Life Savers EMS, Inc. during the time of the subscription. I understand that my subscription will cover myself, my spouse, and any dependants living at the same address. I also understand and give my permission for the Avonmore Life Savers EMS, Inc. to bill my insurance carriers. I understand that the Avonmore Life Savers EMS, Inc. will accept assignment of benefits from my insurance company and will bill my insurance directly for me. I understand that by billing directly, payment for my ambulance service should be sent directly to the Avonmore Life Savers EMS, Inc. I agree that should I receive payment from my insurance company for services rendered by Avonmore Life Savers EMS, Inc., I will immediately forward this payment to the Avonmore Life Savers EMS, Inc.

Avonmore Life Savers EMS, Inc.

323 Westmoreland Avenue

P.O. Box 246

Avonmore, PA 15618-0246

(724) 697-5148

Dial 911 in Emergencies

And

Ask for

Avonmore!!