

# APPLICATION

By signing below, I apply for a subscription with Silver Spring Ambulance and Rescue Association for the persons listed below and I agree to the terms and conditions of the subscription program described in 2019-20 subscription program brochure that accompanied this Application. I verify that I am not a Medicaid beneficiary and that I do have health insurance. I request payment of authorized Medicare or any other insurance benefits be made on my behalf to Silver Spring Ambulance and Rescue Association for any ambulance services provided to me by Silver Spring Ambulance and Rescue Association now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by Silver Spring Ambulance and Rescue Association regardless of my insurance coverage, and in some cases, I may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Silver Spring Ambulance and Rescue Association 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 Silver Spring Ambulance and Rescue Association. I authorize Silver Spring Ambulance and Rescue Association to appeal payment denials or other adverse actions on my behalf without further authorization and direct any holder of medical information or other relevant documentation about me to release such information to Silver Spring Ambulance and Rescue Association, 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 Silver Spring Ambulance and Rescue Association now, in the past, or in the future. A copy of this form is valid as an original. I understand that subscriptions are currently \$90.00, but that I am welcome to make an additional donation to the organization over and above the \$90.00 subscription rate. Any amount received for a single household over and above \$90.00 will be treated as a donation to Silver Spring Ambulance and Rescue Association.

SIGNATURE X (SIGN) \_\_\_\_\_ DATE \_\_\_\_\_

(Primary subscriber, also also authorized to sign for minor household members.)

RETURN THIS COMPLETED FORM WITH YOUR PAYMENT

MAKE CHECK PAYABLE TO SILVER SPRING AMBULANCE AND RESCUE ASSOCIATION, INC.

--- Complete both sides of this form and return with your payment in the enclosed envelope ---

Silver Spring Ambulance and  
Rescue Association, Inc.

P.O. Box 177

New Kingstown, PA 17072

# RECEIPT

2019-2020 SUBSCRIBER CARD

EXPIRES MARCH 31, 2020

EMERGENCY PHONE

# 911

Check Number \_\_\_\_\_

Check \_\_\_\_\_

— Detach & Retain —

# AN IMPORTANT MESSAGE FROM YOUR **AMBULANCE** SERVICE



SUBSCRIPTIONS PROVIDE  
BASIC FUNDING  
FOR YOUR AMBULANCE SERVICE

Silver Spring Ambulance and Rescue Association, Inc. depends upon your support to provide the high standard emergency medical services you deserve. With your contribution, we can continue to equip our ambulances with the best available equipment.

Print Clearly

## APPLICATION

Silver Spring Ambulance and Rescue Association, Inc.  
April 1, 2019 - March 31, 2019 Subscription Application Form

The Silver Spring Ambulance & Rescue Association, Inc. will seek any available third party benefits.

HEAD OF HOUSEHOLD: \_\_\_\_\_ SUBSCRIPTION: \$ \_\_\_\_\_

ADDRESS: \_\_\_\_\_  Household \$85

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DONATION: \$ \_\_\_\_\_

PHONE: \_\_\_\_\_ TOTAL ENCLOSED: \$ \_\_\_\_\_

Printed Names and Dates of Birth of all adult and minor subscribers in this household: CHECK NUMBER \_\_\_\_\_

Name	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

The official registration and financial information of Silver Spring Ambulance and Rescue Association may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

— Complete both sides of this form and return with your payment in the enclosed envelope. —