



Elverson Emergency Medical Services

PO Box 154 • Elverson, Pa. 19520
610-286-8925

EMERGENCY SERVICE - 911

KEEPING OUR COMMUNITY SAFE IS OUR PRIMARY CONCERN, BUT WE NEED YOUR HELP!



2011 ELVERSON EMS MEMBERSHIP FUND DRIVE

Make checks payable to: Elverson EMS

To pay by Credit Card please provide the following information and return with your Subscription Request Form:

A SHORTAGE OF VOLUNTEERS HAS CAUSED A CRISES WITH-IN OUR COMMUNITY. WE ARE ASKING FOR YOUR HELP. WE ARE ASKING FOR ANYONE WHO HAS AN INTEREST IN VOLUNTEERING, EVEN A FEW HOURS, PLEASE MAKE A NOTE ON YOUR 2011 FUND DRIVE. WE PROVIDE ALL TRAINING NECESSARY.

Dear Friends:

Each year Elverson EMS sends out a mailing to all the residents in our coverage area for the membership program. Because of the growth in our area, we would like to review how the membership program works and its benefits.

- **Family Membership covers Two Adults and all dependants living at home. The membership also covers transports from local physician offices and Urgent Care Centers in Elverson EMS' response area, which includes both Elverson and Morgantown.**
- The membership program is **NOT** an insurance policy, but it is a **tremendous benefit**. Your insurance will be billed for services performed by the ambulance when you dial 911.
- Typically, an insurance company will only cover a pre-determined amount of the invoice and require the patient to pay the remainder. **If you decide to enroll in the Elverson EMS membership program, you will not be responsible for the portion of the bill that your insurance company does not pay.** We may ask for assistance to have your insurance company process the claim according to your benefits.
- **The Elverson membership program covers you for all 911 emergency services medically necessary provided ONLY by Elverson EMS.** The membership does not cover you out of the Elverson EMS response area.

To join the Elverson membership program please complete the enclosed form and return with your payment. You may keep the attached membership card for your records. Due to Medicare and insurance regulations, you will not be considered a member unless the requested amount is paid. Please note that although Elverson EMS works very closely with all of the local volunteer fire companies, there is no affiliation. Please support both Elverson EMS and your local fire Department.

The 2011 FUND DRIVE FORM is asking for you to let us know if corrections need to be made on your specific mailing. This year, due to us obtaining new addresses, you may receive a duplicate mailing. PLEASE REVIEW YOUR FORM AND NOTATE ANY CORRECTIONS NECESSARY & RETURN WITH YOUR PAID MEMBERSHIP. THANK YOU.

As always, donations in addition to the membership are greatly appreciated.

SUPPORT YOUR LOCAL AMBULANCE ASSOCIATION
DIAL 911 FOR EMERGENCY HELP

Member Name: _____

Street / PO Box _____

City and Zip Code _____

Phone Number: _____

Credit Card # _____

Expiration Date _____

Card Type:

- Visa MasterCard
 Discover American Express

Membership Amount

\$50.00 Family

\$35.00 Single

\$ _____ Additional Donation

\$ _____ Total Credit Card Payment

IN AN EMERGENCY THE LAST THING YOU SHOULD WORRY ABOUT IS PAYING FOR THE AMBULANCE