

# UPPER PERKIOMEN VALLEY AMBULANCE ASSOCIATION



2199 East Buck Road  
Pennsburg, PA 18073  
215-679-5989  
[www.UpperPerkAmbulance.org](http://www.UpperPerkAmbulance.org)  
**Emergency? DIAL 9 1 1**



## BECOME A SUBSCRIBER!

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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## CHOOSE YOUR SUBSCRIPTION LEVEL: (CHECK ONE)

- Single --- \$70.00**  
*Anyone 18 years or older, living on their own*
- Family --- \$95.00**  
*Spouses and their dependent children under age 18*
- Senior Single --- \$60.00**  
*Anyone 62 years or older, living on their own*
- Senior Couple --- \$70.00**  
*Includes couple with one spouse being 62 years or older*
- Extended Family --- \$135.00**  
*Spouses and their related adult household  
(ie: children over 18 years of age and/or elderly family members)*

## LIST FAMILY MEMBERS COVERED BY THE SUBSCRIPTION:

NAME OF FAMILY MEMBER	DATE OF BIRTH

# AUTHORIZATION

I understand that I am financially responsible for the services provided to me or my family members by this health service provider supplier regardless of my insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the health service provider or supplier or its billing agent for any services provided to me by the health care provider or supplier. I authorize and direct any holder of medical information or documentation about me to release to the Center for Medicare and Medicaid Services and its carriers and agents, as well as to the health provider or supplier and their billing agents, any information or documentation needed to determine these benefits payable for any services provided to me by the health service provider, both now or in the future. A copy of this form is as valid as the original.

**I also agree to immediately remit to this health service provider any payments that I receive directly from any source for the services provided to me, now or in the future.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Complete this form and mail with check/money order to:***

***UPVAA  
2199 E. Buck Road  
Pennsburg, PA 18073***

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**You can also subscribe online  
at any time on our website:**

**[www.UpperPerkAmbulance.org](http://www.UpperPerkAmbulance.org)**