



2018 SUBSCRIPTION DRIVE



2018 Subscription Drive

30 Isabella St.
Pittsburgh, PA 15212

Allegheny Health Network



Allegheny Health Network

Non-Profit
Organization
U.S. Postage
PAID
Pittsburgh, PA
Permit No. 1425

SECTION I - PATIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing. **NOTE:** if the patient is a minor, the parent or legal guardian should sign in this section.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by CAS now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by CAS, 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 CAS any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to CAS. I authorize CAS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to CAS and 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 CAS, now, in the past, or in the future. I also authorize CAS to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

If the patient signs with an "X" or other mark, a witness should sign below.

X		X	
_____	_____	_____	_____
Patient Signature or Mark	Date	Witness Signature	Date

Please list yourself and all family members residing in your home:

First Name	Last Name	Signature	Date

IN AN EMERGENCY

- Stay Calm
- Call 911
- Follow the Dispatcher's instructions
- Turn on outside lights to identify your house
- Clearly state:
 - Your name
 - Location the ambulance is needed
 - Nature of your emergency
 - Phone Number
 - Request **Canonsburg Ambulance Service**

Canonsburg Ambulance Service is the designated 911 Emergency Medical Services provider for Canonsburg Borough, North Strabane Township, Houston and parts of Chartiers Township. Our stations on Pike Street and Johnson Road are staffed with Advanced Life Support crews 24 hours a day, 365 days a year. The majority of our staff has over 15 years of field experience to answer your call for help.

By becoming a **subscriber**, you are supporting our mission to provide quality, affordable pre-hospital care to our community, while limiting your out of pocket expenses.

Q. Who can become a subscriber?

A. Any resident of our primary response area, which includes Canonsburg Borough, North Strabane Township, Houston and parts of Chartiers Township, is eligible to become a subscriber. This includes residents of extended care nursing and personal care facilities. A Family Subscription covers all individuals living with you.

Q. I have health insurance. Why do I need to subscribe to an ambulance service?

A. Your health insurance may only cover a portion of the total bill. Your subscription will cover 50% of your copay for any medically necessary transport.

Q. I don't have medical insurance or my insurance doesn't cover ambulance transport?

A. As a **subscriber**, you will receive discounted subscriber rates for your transport, which is 50% of the non-subscriber rate.

Q. What is "Third Party Billing"?

A. When you use our service, we will bill any insurance company that you may have. We agree to accept what your insurance pays. You receive a 50% discount for any additional balance.

Q. What is the "Authorization for Third Party Billing" on the back of the application?

A. By signing the authorization, you are allowing us to bill your insurance if you use our service. You are also agreeing to send us any insurance payments for transport that may be sent directly to you.

Q. If I have Medical Assistance/Medicaid, do I need to subscribe to an ambulance service?

A. No, You are already covered by the Commonwealth of PA.

SUBSCRIPTION RATES

Individual Plan	\$45
Family Plan	\$65
Covered from January 1, 2018, to December 31, 2018	

BENEFITS OF SUBSCRIBING

- 24-hour service
- Third Party billing for all medical insurances
- Subscriber discount for Lift Assist and Non Transports
- Subscriber discount rates for any emergency not covered by insurance
- PA Department of Health licensed Advanced Life Support ambulances
- 911 dispatching for all emergency calls
- Subscriber discount rates for any non-emergency transport deemed *not medically necessary* and for pre-scheduled long distance transports

NOTE

TO SCHEDULE TRANSPORTATION OR TO OBTAIN CLARIFICATION FOR ANY OF OUR SERVICES, JUST CALL: 724.745.6911 24 Hours a day

Turn on the OUTSIDE LIGHTS to identify the house.

At all times—priority will be given to emergency calls. Non-emergency transfers may at times have to be rescheduled.

If your condition is not life threatening, you will be taken to an area hospital of your choice. Please note that Canonsburg Hospital accepts all insurances for care rendered in the emergency department. If your insurance does not cover an inpatient admission to Canonsburg Hospital, please be assured that the Ambulance Service will transfer you to another facility once your medical condition is stabilized.

DONATIONS

Canonsburg Ambulance Service is a non-profit, charitable organization. Your subscription and any additional donation may be tax deductible. Money received through this Subscription Drive helps to purchase new equipment.

If you have benefited from Emergency Medical Services or simply appreciate the availability of a local ambulance service, please consider making a donation on a separate check.



Allegheny Health Network

2018 SUBSCRIPTION APPLICATION

SUBSCRIPTION CARD

Please fill out this application on BOTH SIDES. Be sure to sign the BILLING AUTHORIZATION. Mail the completed application with your payment in the enclosed pre-addressed envelope. **For additional information, call 724.745.6911.**

Make check or money order payable to: **Canonsburg Ambulance Service, 209 West Pike Street, Canonsburg, PA 15317**

Check appropriate block and amount sent: Individual Plan — \$45 Family Plan — \$65 Donations \$ _____

Total enclosed \$ _____

Date completed _____ Check one: New Renewal

Name _____ Phone _____

Address _____ Apt. # _____

City _____ State _____ Zip code _____

If paying by credit card, please complete the following: MasterCard VISA Exp. Date /

Credit Card Number: Security Code:

Please check borough or township where you reside:

Canonsburg North Strabane Chartiers Houston Other _____

(Over, please)



CANONSBURG AMBULANCE SERVICE

724.745.6911
In an emergency, call 911.

Expires Dec. 31, 2018
KEEP FOR YOUR RECORDS

YEAR 2018 SUBSCRIPTION CARD

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