



Capron Volunteer Fire Department & First Aid Squad, Inc.
P. O. Box 128 Capron, Virginia 23829
434-658-4600
www.capronfire.com

The Capron Volunteer Fire & First Aid Squad is doing our annual EMS subscription program fundraiser. We are offering you the opportunity to participate in the EMS billing subscription program.

For an annual **DONATION** of \$59.00 you can enroll all members of your household, or for a \$39.00 donation it will cover a single person. All donations will go directly to the Capron Volunteer Department.

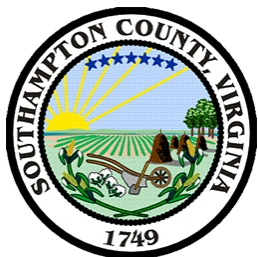
Your benefit for participating is you will not be billed for out of pocket health insurance co-payments, and deductibles, if you need our emergency ambulance service. Enclosed you will find an EMS subscription application. Please return the completed application to the Capron Volunteer Fire & First Aid Squad.

We would like to thank you in advance for being a supporter of the Capron Volunteer Fire and First Aid Squad.

Thank you,

Membership

Capron Vol. Fire & First Aid Squad Inc.



Southampton County

EMS Subscription Application Capron Volunteer Fire Department and First Aid Squad, Inc.

WHAT IS AN E.M.S. SUBSCRIPTION?

An EMS subscription is a program to help citizens defray out-of-pocket expenses, such as health insurance co-payments and deductibles, when they need emergency ambulance transportation. On November 1, 2005 the volunteer rescue squads in Boykins, Capron, Courtland and Ivor will begin charging for emergency ambulance transportation as part of Southampton County's EMS Revenue Recovery Program. **Subscribers will not be charged for co-payments and deductibles.** Potential subscribers should check with their health insurance carrier to determine if the EMS subscription program is right for them.

For \$59 annually, a subscriber may enroll all members of his or her household. A single subscriber may enroll for \$39 annually. A subscription covers individuals listed on this application form, who reside at the listed address.

Please make your check or money order payable to Capron Volunteer Fire Department and First Aid Squad, Inc. and mail this application and payment to:

Capron VFD and First Aid Squad, Inc.
P.O. Box 128
Capron, VA 23829

Part 1: APPLICANT				
Last Name	First Name	MI.	Social Security Number	Date of Birth
Street Address				
City	State	Zip Code	Phone No.	
Part 2: ADDITIONAL RESIDENTS AT THIS ADDRESS				
Last Name	First Name	MI.	Social Security Number	Date of Birth
Last Name	First Name	MI.	Social Security Number	Date of Birth
Last Name	First Name	MI.	Social Security Number	Date of Birth
Last Name	First Name	MI.	Social Security Number	Date of Birth

BILLING AUTHORIZATION/RESPONSIBILITY FOR PAYMENT

I understand that I am financially responsible for the services provided to me by agents of Southampton County and the Capron Volunteer Rescue Squad regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to Southampton County or its billing agent for any ambulance transportation services provided to me by Capron Volunteer Rescue Squad. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services or its successors and its carriers and agents, as well as to Southampton County and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by Southampton County or the Capron Volunteer Rescue Squad, nor or in the future. I agree to immediately remit to Southampton County any payments that I receive directly from any source for the ambulance transport services provided to me. A copy of this form is as valid as the original. **All information you provide will be kept confidential.**

Signature of Applicant

Date