**Bushkill Emergency Corps**

**Subscription Form**

**PO Box 174**

**Bushkill, PA 18324**

**Subscription cost: $70.00**

**Subscription term: July 1 through June 30 of each year.**

**Subscriber benefit: Upon receiving emergency medical transport, subscriber insurance will be billed for 911 dispatched calls first and any co-pays, deductibles and co-insurances that subscribers are responsible for will receive up to a $500 write off and any remaining balance will be discounted.**

**Please Print**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all immediate family members residing in the household.**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_**
6. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_**

**I authorize that payment of authorized Medicare Benefits or other insurance benefits be made on my behalf for any services furnished by this health service provider or supplier. I authorize any holder of medical information or documentation about me to release to the Health Care Financing Administration and its carrier and/or agents, as well as this health service provider, any information or documentation needed to determine these benefits payable for any service to me by this Health Service Provider now or in the future.**

**Charge my: ( ) Visa ( ) Mastercard ( ) Discover ( ) American Express**

**Credit Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration date: \_\_\_\_/\_\_\_\_\_ 3 or 4 digit code (back of card) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make checks payable to: Bushkill Emergency Corps**

* **Lehman Township resident subscription rate: $50.**
* **Return payment and form to Bushkill Emergency Corps (address above)**