



REGIONAL AMBULANCE SERVICE, INC.

275 Stratton Road, Rutland, VT 05701



Business: 773-1746 • Emergency: 911 or 773-1700 • Fax: 773-1717

“Serving People 1st with Pride, Proficiency and Professionalism”



41ST ANNUAL MEMBERSHIP DRIVE NOVEMBER 1, 2025 TO OCTOBER 31, 2026

THE FACTS...

MEMBERSHIP

- The Cost is \$50 per household.
The principal subscriber/co-subscriber and all persons claimed as dependent on your most recent Federal Income Tax return residing in our normal call area will be covered under this membership.
- Regional Ambulance Service Inc. reserve the right to bill any available third party insurance agency.
- Additional donations are tax deductible.
- Medicaid patients already have full coverage for services covered by Medicaid.

THE ADVANTAGE...

MEMBERSHIP

- Unlimited local Emergency Transport twenty-four (24) hours a day within our coverage area.
- Two (2) “One Way” local non-emergency transports when medically necessary.
- Membership income has helped offset increased expenses to R.A.S., maintain a lower tax rate and helps members who use our services.
- Member discounts are given for all **Local Emergency** services to cover any deductible or co-payments.
- Your continued support “Helps Us Help You”



Regional Ambulance Membership Application

\$50 Fee
Per Year

Office Use Only

November 1, 2025 to October 31, 2026

☐ NEW ☐ RENEWAL

Please Print

Principal Subscriber _____ Date of Birth _____
(First) (Middle Initial) (Last)

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____ Home Phone _____

List Co-subscriber & Current Dependents

Name _____ DOB _____

Payment of \$50 must accompany this application:

☐ Personal Check ☐ Visa CCV _____

☐ MasterCard ☐ Discover Exp. Date _____

Card No. _____

In addition to the \$50 fee,
I wish to make a Tax Deductible donation of \$ _____

PLEASE READ AND SIGN THE AGREEMENT BELOW

I hereby apply for Regional Ambulance Service, Inc. membership for Principal Subscriber/Co-Subscriber and my dependents listed above. I understand that the \$50 per family per year membership fee provides local emergency medical ambulance service to me and my listed dependents as medically necessary in Rutland City, Rutland Town, Killington, Proctor, Castleton, Chittenden, Pittsford, Ira, Shrewsbury, Clarendon, West Rutland, and Mendon areas, after member discounts for deductible and co-payments, from November 1, 2025 to October 31, 2026. I also understand that the membership includes two (2) local routine medically necessary transfers and that emergency calls have first priority. The membership fee will cover any applicable deductible or copayments. I understand that this membership permits Regional Ambulance Service, Inc. to collect directly from any third party agency whatever benefits may be available at no charge to me or my family, and that this membership is nonrefundable and is nontransferable. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to Regional Ambulance Service, Inc. for any ambulance services and supplies furnished to me by Regional Ambulance Service, Inc., whether in the past, present or in the future. I authorize any holder of medical information about me or other relevant documentation about me to be released to Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers, whether in the past, present or in the future.

DATE _____ SIGNATURE REQUIRED BY INSURANCE CARRIERS

THANK YOU! www.REGIONALAMBULANCE.COM