

# **Standby EMS Service**

## **Letter of Understanding**

East Allen Township Volunteer Ambulance Corps understands the importance of providing emergency medical services during special events or community programs. This Standby EMS Letter of Understanding must be utilized in order to arrange any EMS coverage by East Allen Township Volunteer Ambulance Corps.

In order for any organization to request special standby services from EMS, this Letter of Understanding must be requested, completed, signed and returned to EMS at least (7) days prior to start of any single occurring event. Extended events, multi-day events, or large events requiring EMS service should be arranged and this letter returned to EMS at least ninety (90) days prior to the start of the event.

Although East Allen Township Volunteer Ambulance Corps will make every effort to provide the level of service requested, no specific level of service or coverage can be guaranteed due to the nature of EMS services and the fact that the first priority of EMS is always response to 911 calls.

Please read the enclosed Letter of Understanding carefully for details. East Allen Township Volunteer Ambulance Corps always seeks to provide the best EMS services to citizens and those requesting special services and we always welcome feedback should you have any questions or concerns.

To complete the process of requesting standby services from East Allen Township Volunteer Ambulance Corps, please accurately complete this Letter of Understanding and submit it to EATVAC before applicable deadlines.

You may return completed and signed letters to:

Email: [Standby@Eatvac.org](mailto:Standby@Eatvac.org),

Fax: 610-465-8795

Phone: 610-261-9196

Mail: East Allen Township Volunteer Ambulance Corps  
4945 Nor-Bath Blvd.  
Northampton, PA. 18067

THIS LETTER OF UNDERSTANDING, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between **East Allen Township Volunteer Ambulance Corps, (EMS)** and \_\_\_\_\_ **(SERVICE USER)**.

WHEREAS, **“SERVICE USER”** is requesting Standby EMS services; and

WHEREAS, **“EMS”** is willing to provide such services with the understanding set forth herein;

NOW, THEREFORE, it is agreed as follows:

1. **“EMS”** Agrees to provide the following service(s) to the **“SERVICE USER”** named above: EMS STANDBY ambulance service, meaning an ambulance with two Emergency Medical Technicians, will locate themselves at a function or event and will remain dedicated to that event, and will not be available for other routine EMS calls in the area. Dedicated standbys are subject to the availability of **“EMS”** crews and resources, see item #3 for additional details. The fee for this service is **\$70.00** per hour with a minimum charge of Four (4) hours.
2. **“EMS”** Agrees to provide the above service(s) to the **“SERVICE USER”** named above for the dates, times, and locations specified in the **“STANDY AND USER INFORMATION SECTION**.
3. **“EMS”**, Standby Services are subject to the availability of off-duty crews and spare ambulance units. In addition, even if a **“SERVICE USER”** requests and agrees to the conditions of Standby Services, certain extreme, catastrophic, or immediate life- threatening emergencies may still require **“EMS”** to divert the Emergency Medical Technicians/ambulance assigned to the Standby. If this occurs during a scheduled Standby and a lapse of on-site **“EMS”** coverage occurs, fees associated with that time frame will be waived.
4. Upon completion of Standby Services, **“EMS”** will bill **“SERVICE USER”** for all costs understood to be applicable and **“SERVICE USER”** agrees to pay all fees within 30 days of receipt of invoice.
5. **“EMS”** reserves the right to refuse to provide any Standby Services to a **“SERVICE USER”** when the request is submitted by **“SERVICE USER”** less than 72 hours prior to the start time.
6. **“SERVICE USER”** agrees to pay \$70.00 in addition to hourly standby fees for any event for which the request for Standby Services was received by **“EMS”** less than (72) hours prior to the start time of the request Standby Services event.
7. Nothing herein shall be construed to create a higher standard of care on the part of **“EMS”** than generally recognized under the laws of the State of Pennsylvania for **“EMS”** services.
8. The charges provided for herein reflect only those charges associated with making **“EMS”** services more readily available to the **“SERVICE USER”**. The normal charges for the care and transportation of patients will be the responsibility of the patient. STANDBY AND **“SERVICE USER”** INFORMATION the following **“SERVICE USER”** information will be used by **“EMS”** for scheduling and billing for services.

**STANDBY AND SERVICE USER INFORMATION**

The following SERVICE USER information will be used by EMS for scheduling and billing for services.

Name/Title of Event: \_\_\_\_\_

**EVENT OCCURRENCE 1**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

**EVENT OCCURRENCE 2 (if applicable)**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_ (If request is for more than 2 event occurrences attach additional details to agreement)

Organization Name: \_\_\_\_\_

Primary Contact Person's Name: \_\_\_\_\_

Mailing Address (for billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone # day of event (if different): \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the date first noted above.

**Service User**

**EMS**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature