



2021 Marlinton Rescue Squad EMS Subscription program:

The EMS subscription program is voluntary. As a subscriber the program provides pre-hospital emergency care at no additional cost to you or to permanent occupants of your home other than the annual subscription fee.

Who is eligible to join the EMS Subscription Program? *Any occupant of a home within the Marlinton Response Area.*

What does the program fee cover? *The fee covers all Emergency Medical Services provided by the Marlinton Rescue Squad. 1 subscription covers the entire household.*

If I decide not to join the subscription program, what are the charges for emergency medical services? *Charges can range from \$300 to in excess of \$1,000, depending on the services provided.*

If I subscribe and move out of the Area am I entitled to a refund? *No Voluntary EMS subscription fees are not refundable.*

Will my subscription cover routine ambulance transportation, such as trips from a hospital to home or rest home to a hospital? *No, only emergency medical transportation by Marlinton Rescue Squad is covered.*

Will EMS still respond even if I do not subscribe? *Absolutely. EMS personnel respond to all emergency calls for assistance.*

Will I be responsible for any charges if I become a subscriber? *No, if you are a subscriber you will not be responsible for any fees aside from the annual subscription cost. However, your insurance will be billed.*

Will I be billed if I am a subscriber? *In the event that you do receive a bill, and your subscription is current, please contact us immediately at 304-799-4211.*

When does coverage begin and end? *EMS subscription coverage begins January 31 2021 (or when your payment is received) and runs thru January 30 2022. Should it be necessary to use another ambulance service in a mutual aid situation, the costs incurred by that service are not covered in the program, and are the responsibility of the member.*

How do I enroll in the EMS Subscription Program? *Fill out the form below and return it with a check or Money order for \$40.00 to:*

Marlinton Rescue Squad
709 2nd Avenue
Marlinton, WV 24954

Make checks Payable to: **Marlinton Rescue Squad**
Questions Call: 304-799-4211
Email: marlintonfire@gmail.com

EMS SUBSCRIPTION PROGRAM ENROLLMENT FORM

Please complete all the information requested below & mail this form with your check/money order for \$40.00 Do not send cash. Your cancelled check is your receipt .

✂-----✂-----Cut and Return-----✂-----✂

Occupants First Name: _____ Last Name: _____

Address: _____ Phone # _____

Additional Permanent Occupants of the address: enter below:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

I, the undersigned, hereby authorize payment directly to The Marlinton Rescue Squad benefits otherwise payable to me but not to exceed the regular charges for this type of service. If I am entitled to Medicare benefits, I authorize any holder of medical or other information about me to release the Social Security Administration of the intermediaries or carriers, any information needed for this or a related Medicare claim I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to the party who accepts assignment. NOTE: The above statement DOES NOT provide a basis for denial of either emergency care or emergency transport because of liability to pay.

Sign _____ Date _____