

# Upper Valley Ambulance

5445 Lake Morey Rd Fairlee, VT 05045

802-333-4043

<input type="checkbox"/> New	<b>Membership Application</b>	\$50 fee per year	Office use only
<input type="checkbox"/> Renewal			
<i>(Please Print)</i>			
Subscriber: LAST NAME _____ FIRST _____ MI _____ DATE OF BIRTH _____			
ADDRESS _____ TOWN _____ State _____ ZIP CODE _____			
PHONE # _____ EMAIL _____			
<b>Current Dependents</b>		<p style="text-align: center;">Payment of \$50 must accompany this application</p> <p style="text-align: center;">Check or Money Order – payable to Upper Valley Ambulance</p> <p>Tax Deductible Donation Amount _____</p>	
Name	DOB		
_____	_____		
_____	_____		
_____	_____		

**PLEASE READ AND SIGN THE AGREEMENT BELOW**

I hereby apply for an Upper Valley Ambulance subscription for myself and dependents listed on my application. I understand that the yearly fee of \$50 per household is not pro-rated and provides unlimited EMERGENCY AMBULANCE SERVICE, when medically necessary, to me and my listed household members as needed in the Vermont towns of Bradford, Fairlee, Corinth, Strafford, Thetford, Vershire, West Fairlee in Vermont, and the towns of Orford and Piermont in New Hampshire. Subscriptions renew once a year in December. This Subscription will be terminated if the subscriber moves out of the Upper Valley Ambulance response area. I understand that if any member of my household uses the services of Upper Valley Ambulance, Upper Valley Ambulance will bill my insurance company. I agree to forward to Upper Valley Ambulance all payments received by me for services provided by Upper Valley Ambulance. This subscription is non-refundable and is non-transferable. I authorize payment of medical benefits to Upper Valley Ambulance, Inc

Sign: \_\_\_\_\_ # \_\_\_\_\_ Date: \_\_\_\_\_ (Signature Required by Insurance Carriers)

# UPPER VALLEY AMBULANCE



## Membership Facts

- ❖ The Cost is \$50 per household.
- ❖ The principal 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.
- ❖ Upper Valley Ambulance, 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.

## Membership Advantages

- ❖ Unlimited local Emergency Transport twenty-four (24) hours a day within our coverage area.
- ❖ Membership income has helped offset increased expenses to UVA, 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"

Upper Valley Ambulance  
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\*\*\*\*\*ECRWSSSEDDM\*\*\*\*

Local  
Postal Customer

PRSRT STD  
ECRWSS  
U.S. POSTAGE  
PAID  
EDDM Retail