



# 2018-2019 MEMBERSHIP APPLICATION

**MILLCREEK PARAMEDIC SERVICE**  
PO Box 9038 Erie, PA 16505

*Please complete and return this form with your payment today!*

Please list your name, address and date of birth (D.O.B), and then names and DOB for each family member who will be included in your MPS Family Membership below:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

X \_\_\_\_\_

**I have read and agree to all statements on the reverse side of this form.**

A one year membership will expire on Nov. 30 2019 and a two year membership will expire on Nov. 30 2020. Annual renewal thereafter.

## My MPS Membership:

### METHOD OF PAYMENT

Cash  Check # \_\_\_\_\_

MasterCard  Visa  American Express  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**One Year**  
Membership

**Two Year**  
Membership

- |   |      |      |
|---|------|------|
| <input type="checkbox"/> Family Membership            | \$45 | \$80 |
| <input type="checkbox"/> Individual Membership        | \$35 | \$60 |
| <input type="checkbox"/> Family Senior Membership*    | \$40 | \$75 |
| <input type="checkbox"/> Individual Senior Membership | \$30 | \$55 |

**Tear off this membership card and keep for your records.**  
**Also visit us at [www.millcreekparamedics.com](http://www.millcreekparamedics.com)**



## MILLCREEK PARAMEDIC SERVICE MEMBERSHIP CARD

PLEASE CHECK ONE FROM EACH COLUMN

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> One Year | <input type="checkbox"/> Individual Membership |
| <input type="checkbox"/> Two Year | <input type="checkbox"/> Family Membership     |
|                                   | <input type="checkbox"/> Senior Membership     |

Name \_\_\_\_\_

***Dedicated to the Welfare and Safety  
of Millcreek Residents***

For membership information, call (814) 836-8677.

## Millcreek Paramedic Service Membership Terms and Conditions

As a member of Millcreek Paramedic Service, I understand that I will request that payment of authorized Medicare/Insurance benefits be made on my behalf to Millcreek Paramedic Service for any ambulance services furnished to me by Millcreek Paramedic Service. I will authorize any holder of medical information about me to release to all third party health and medical benefits payors and their agents and carriers as well as to Millcreek Paramedic Service, any information needed to determine these benefits or benefits payable for related services or any services provided to me by Millcreek Paramedic Service now and in the future. I will authorize payment for these benefits to be made directly to Millcreek Paramedic Service. **I will agree to pay immediately to Millcreek Paramedic Service, all payments sent directly to me from either the insurance company or other medical benefit providers.**

I understand that while the patient is responsible for payment for services, my Millcreek Paramedic Service membership fee will cover my deductibles or co-payments when emergency transportation is deemed medically necessary by my insurance company according to CMS (Medicare/Medicaid) guidelines.

I will cooperate in any way with claim submission to my medical benefit providers and to provide any correspondence regarding my claim(s) to MPS, if requested. You have the right to elect not to receive any further fundraising communication from Millcreek Paramedic Service.

**I understand that "Family Membership" includes everyone who is claimed on my family's head of household tax return.**

I understand that non-emergency wheelchair transportation services are NOT a covered benefit, and fees will apply.

I understand that my MPS membership also includes medically necessary, non-emergency ambulance transportation, when provided by MPS. Twenty-four hour advance notice is requested for scheduling non-emergency transports. Physician Authorization of medical necessity is required for all non-emergency services.

MPS reserves the right to change scheduled transports due to emergency requirements. An MPS membership is non-transferable and non-refundable. An MPS membership fee is not tax deductible as a charitable contribution, but may be eligible as an itemized medical deduction. An MPS membership is not an insurance policy. I understand a 2018-2019 MPS one year membership is valid through November 30, 2019 and a two year membership is valid through November 30, 2020. This program is not applicable to Medical Assistance beneficiaries.

Membership is not a contract for provision of services at any specific time and, as with any ambulance company, services are subject to availability. Service may be provided by a mutual aid company during a period in which MPS may be unavailable. The membership program may be subject to modification without prior notice.

**All discounts must be taken at the time of purchase.**

# For Any Emergency CALL 911

**1 Year Membership expires: 11/30/2019**

**2 Year Membership expires: 11/30/2020**