

SUBSCRIPTION AGREEMENT WITH JEFFERSON HILLS AREA AMBULANCE ASSOCIATION

“I hereby apply for a subscription to Jefferson Hills Area Ambulance Association (JHAAA) and agree to the following terms:

Acceptance by JHAAA of the enclosed subscription fee and this assignment entitles me to medically necessary **EMERGENCY AMBULANCE SERVICE** when available and as often as needed in the Boroughs of Jefferson Hills and West Elizabeth and the Townships of Union (Washington County) and Forward Township and in addition to **EMERGENCY AMBULANCE SERVICE** in the communities of Elizabeth Township, Elizabeth Borough, Monongahela, Carrol Township, New Eagle Borough, Rostraver Township, Baldwin Township, Whitehall, Green Tree, Brentwood, Scott Township, Peters Township, Bethel Park and the Townships of South Park and Upper St. Clair, Mt. Lebanon, Dormont, Castle Shannon, in accordance with reciprocity agreements. The **SUBSCRIPTION PLAN** covers all individuals living at this address and any guests or visitors whose permanent residence is outside the communities listed above for \$50.00/year. With this plan, the subscriber agrees to supply all necessary insurance information for reimbursement purposes. This subscription is effective upon JHAAA’s receipt and acceptance of my subscription fee and assignment. Subscriptions are valid for the fiscal year, July 1st through June 30th. Or from the date your subscription is received, whichever occurs later. Subscription enrollment may occur anytime during the fiscal year. However, full payment will be due and the subscription will still expire on June 30th.

The **SUBSCRIPTION PLAN** also provides pre-scheduled **NON-EMERGENCY AMBULANCE SERVICE** when medically necessary and meets the requirements/guidelines set forth by the healthcare insurance companies and Medicare. For an **NON-EMERGENCY AMBULANCE SERVICE**, the physician or other designated health care provider must provide all required information on a medical necessity form. Patients must be non-ambulatory and stretcher-bound and meet guidelines set forth by Medicare and *Doctors’ office visits do not qualify for non-emergency ambulance services.*

ASSIGNMENT OF THRID PARTY PAYMENT TO JHAAA: Subject to the acceptance of this Assignment, when ambulance services are rendered, any payment to JHAAA by my insurance is accepted. **EXCEPTION: SUBSCRIBERS ARE RESPONSIBLE FOR 50% OF THEIR CO-PAY AND/OR THEIR DEDUCTIBLES AND WILL BE BILLED FOR SUCH.** As part of the consideration for this subscription agreement, I hereby assign to JHAAA all my rights and benefits under my hospitalization and medical insurance or other medical benefits or insurance policies for service rendered to me by or for JHAAA. I authorize and direct my insurer (s) and medical benefits provider(s) to pay directly to JHAAA all sums owed for each service rendered to me. When services are rendered I will notify my insurance as required and provide insurance numbers and authorizations needed by JHAAA to bill my insurance. JHAAA will bill the insurer or other medical benefits provider directly. **I agree to forward to JHAAA any payments I receive directly for services rendered to me by or for JHAAA.** Should said payments be made directly to me and not forwarded to JHAAA, I agree to be responsible for payment of the services rendered by or for JHAAA. JHAAA subscription fee is applied to all applicable coinsurance, copayments or deductibles except as required by law or regulation that you may incur for ambulance service rendered by JHAAA not paid by your third party payer. Subscription coverage applies only to persons who accept all terms of the agreement. JHAAA agrees to keep all medical/insurance information confidential and will abide by all confidentiality laws protecting the patients' right to privacy.

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The terms of the JHAAA Subscription program may be changed without prior notice by the JHAAA Administration in accordance with governmental regulations and shall be posted and available in the office of JHAAA, on our website, and upon request.”