

White River Valley Ambulance Membership Agreement
Please Print Clearly

Name _____
(First) (Middle Initial) (Last)

Address _____

City _____ State _____ Zip _____

Home Phone _____ DOB _____

Full Name and age of dependents other than myself to be included with this membership:

Name _____ Date of Birth _____

Your Signature Required By Your Insurance Company _____

\$40 Payment Must Accompany This Application

Personal Check Cash

MasterCard VISA

Card # _____

Exp. Date _____

In addition to the \$40 fee, I wish to make the following Tax Deductible Donation _____

Mail completed application and \$40 to:

Membership Program
White River Valley Ambulance
RR1 Box 579
Bethel VT 05032

Thank you for your dedication to our service. Your support is greatly appreciated. Your membership fee is tax deductible.

How the Membership Program Works:

White River Valley Ambulance Inc. agrees to provide all immediate family members living in your household with unlimited medically necessary emergency ambulance service for one year. Memberships begin January 1, 2002 and are renewable each December.

Who is Covered?

The principal subscriber and all **immediate** family members residing in your household (those family members claimed as dependents on your most recent Federal Income Tax return).

Cost of Service:

The membership cost is \$40 per year per household.

What About Insurance Coverage?

Health insurance may cover a portion of the ambulance bill, but generally only under Major Medical. Most insurance companies require a deductible and/or co-pay. White River Valley Ambulance Inc. reserves the right to any third party billing. White River Valley Ambulance Inc. agrees to bill your insurance company for you as part of your Membership Agreement.

MEMBERSHIP AGREEMENT

I hereby apply for a White River Valley Ambulance membership for myself and my dependents as listed on my application. I understand that the \$40 membership fee is not pro-rated and provides unlimited EMERGENCY AMBULANCE SERVICE, when medically necessary, to me and my listed household members as needed in the Towns of Barnard, Bethel, Braintree, Brookfield, East Granville, Pittsfield, Randolph and Stockbridge. Memberships will renew yearly in December. The membership will be terminated if the subscriber moves out of the White River Valley Ambulance response area. I understand that if any member of my household uses the services of White River Valley Ambulance, White River Valley Ambulance will bill my insurance company. I agree to forward to White River Valley Ambulance any and all payments received by me for services provided by White River Valley Ambulance, Inc. This membership is non-refundable and is non-transferable. I authorize payment of medical benefits to White River Valley Ambulance, Inc.

**WHITE RIVER
VALLEY
AMBULANCE INC.**



**24-Hour Emergency
Ambulance Service**

Serving the Towns of:

**Barnard ♦ Bethel
Braintree ♦ Brookfield
E. Granville ♦ Pittsfield
Randolph ♦ Stockbridge**

**27 Years of Service to the
White River Valley**

**2nd Annual
AMBULANCE
SERVICE
MEMBERSHIP**

\$40 PER HOUSEHOLD

**234-6800 Business
911 Emergency**

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PLEASE SIGN AGREEMENT ON REVERSE SIDE OF THIS BROCHURE.

More on Billing:

White River Valley Ambulance Inc. reserves the right to any third party billing. White River Valley Ambulance Inc. agrees to bill your insurance company for you as part of your Membership Agreement. *(The membership agreement requires you to send White River Valley Ambulance Inc. any insurance payments received by you for services rendered by the White River Valley Ambulance Inc.)*

Insurance payments account for a large portion of the operating funds for White River Valley Ambulance.

A Membership Agreement provides unlimited medically necessary Emergency ambulance transportation for all immediate family members residing in your household and is renewable in December of each year.

All checks should be made payable to White River Valley Ambulance Inc.

A member is never charged for the Balance of a Medically Necessary Emergency Ambulance bill that not Covered by Insurance.

If you need more information or have any questions, please call (802)234-6800 **Monday – Friday from 8:00 A.M. until 4:00 P.M.**

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Bethel VT 05032

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WHITE RIVER VALLEY AMBULANCE PROVIDES TO OUR COMMUNITIES:

- 24 HOUR A DAY STAFFED EMERGENCY MEDICAL RESPONSE
- THREE ADVANCED LIFE SUPPORT AMBULANCES
- RESCUE/EXTRICATION SERVICES
- PARAMEDIC INTERCEPT RESPONSE WHEN MEDICALLY NECESSARY
- FREE BLOOD PRESSURE CHECKS
- EDUCATIONAL COURSES INCLUDING:
 - CPR
 - BASIC FIRST AID
 - EMT COURSES
- PUBLIC EDUCATION IN OUR SCHOOLS
- TOURS TO CIVIC GROUPS
- USE OF OUR TRAINING ROOM FOR VARIOUS COMMUNITY GROUPS

If you are interested in emergency medical training and becoming part of the White River Valley Ambulance team, please call Pat Edwards, our Training Officer. Pat will be happy to explain the commitment necessary to achieve this certification.