

Your Support Saves Lives

WHY JOIN?

When an emergency strikes, there are a lot of things to worry about... The ambulance bill does not have to be one of them.

Your membership to Peters Township Ambulance Service not only supports our non-profit organization's mission to provide quality emergency medical service to our community, it also helps limit your out of pocket expenses.

Your membership covers 50% of your co-pay for any medically necessary emergency transport, 50% of any amount applied to your deductible and 50% of any amount not paid by your insurance provider. The same applies to medically necessary, non-emergency transports approved by your insurance carrier.

Non-Members will be billed and are responsible for 100% of any amount their insurance carrier does not pay.

The average cost of an ambulance transport is \$1,000 with additional charges for mileage

FAMILY MEMBERSHIP

Minimum Donation: \$55 per year
Covers all immediate family members living under the same roof.

NURSING HOME MEMBERSHIP

Minimum Donation: \$55 per year
Available to the residents of nursing/assisted living facilities in our operating area.

PETERS TOWNSHIP SENIOR CITIZEN MEMBERSHIP

The municipality of Peters Township covers the membership fees for all senior citizens (ages 65 and over) who are permanent residents of Peters Township. Although there is no membership fee, donations are greatly appreciated.

Peters Township Ambulance Service is a non-profit organization founded by the McMurray VFW Post 764. We rely on funding from memberships, donations, and insurance reimbursements to cover our operating expenses. This valuable service cannot be provided without your support.

QUESTIONS

Q: If my insurance carrier pays for ambulance service, why do I need a membership?

A: Most carriers cover only a portion of the bill for ambulance service. As a member, you will receive a 50% discount on your co-pay, any amount charged to your deductible and a 50% discount on any other charges not covered by your insurance carrier.

Q: As a member, are non-emergency transports covered by my membership?

A: Yes, as long as they are medically necessary and going to an approved destination and are approved by your insurance carrier. Again, as a member you will receive a 50% discount on any amount not covered including co-pays and deductibles.

Q: Will my membership be honored by other ambulance services if one responds in place of Peters Township Ambulance Service?

A: In Most Cases. It is the transporting services' decision if they will honor our membership.

HOW TO JOIN

Fill out the attached membership application on both sides. Make your check payable to Peters Township Ambulance Service and mail your membership application and check in the self-addressed envelope.

CPR/FIRST AID

Peters Township Ambulance Service provides CPR and First Aid training for healthcare providers and the general public. For more information or to sign up for a class, call 724-941-4700

MEMBERSHIP APPLICATION

Name _____ Date _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____

DONATION AMOUNT _____ \$55
Other _____
Total Amount _____

Please fill out BOTH SIDES
Make your check payable to Peters Twp. Ambulance and mail your completed application and payment in the self-addressed envelope.

SPECIAL NEEDS
Wheelchair _____
Bed Confined _____
Oxygen _____
Other _____

MEMBERSHIP CARD

PETERS TOWNSHIP AMBULANCE SERVICE

Phone 724.941.4700
Fax 724.942.2522
Email ptems@peterstwpems.org

In An Emergency Dial 9-1-1



- FOLLOW THESE**
- Please turn your **OUTSIDE LIGHTS** on to identify your house
 - Stay calm
 - Follow the dispatchers instructions

Keep this card for your records

THIRD PARTY BILLING AUTHORIZATION

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by PTAS now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by PTAS regardless of my insurance coverage, and in some cases, maybe responsible for an amount in addition to that which was paid by my insurance. I agree to immediately permit to PTAS any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payment to PTAS. I authorize PTAS to appeal payment denial or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to PTAS and its billing agents, the Centers of Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by PTAS, now, in the past, or in the future. I also authorize PTAS to obtain medical, insurance, billing and other relevant information about me from any part, database or other source that maintain such information.

Signed _____ Medicare # _____ ID/Agreement# _____ Insurance Carrier _____ Group# _____

Signed _____ Medicare # _____ ID/Agreement# _____ Insurance Carrier _____ Group# _____



**THANK YOU
FOR YOUR
SUPPORT**

Check # _____
Date _____

The membership program is not an insurance plan or policy. Peters Township Ambulance Service agrees to keep all medical and insurance information confidential and will comply with all confidentiality laws protecting patients rights to privacy.

KEEP THIS CARD FOR YOUR RECORDS



**Peters Township
Ambulance Service**
300 Municipal Drive
McMurray, PA. 15317

MEMBERSHIP DRIVE

PRSR STD
US POSTAGE
PAID
PERMIT NO 25
NON-PROFIT
MCMURRAY PA
15317

Membership Drive

**Peters Township
Ambulance Service**
ptems@peterstwpems.org

