

# 2018-2019 BUTLER AMBULANCE SERVICE MEMBERSHIP PACKAGE

## YOUR MEMBERSHIP WILL PROVIDE:

- Limited out of pocket expenses, covering up to \$50 per ambulance transport
- Reduced rates on non-emergency transports
- Wheel chair van transport at a discounted rate

## YOUR MEMBERSHIP WILL ALSO PROVIDE YOU AND YOUR FAMILY WITH:

Butler Assist Coach - our wheelchair van division, provides transportation to and from medical appointments where an ambulance is not necessary. As a member of Butler Ambulance Service, you will receive a discounted rate. This is a self-pay service.



# BUTLER AMBULANCE SERVICE

CALL US AT  
**724-282-9595**  
VISIT OUR WEBSITE FOR MORE INFORMATION ABOUT US  
[butlerambulance.com](http://butlerambulance.com)

Medically Necessary generally means that other forms of transportation could endanger or prove detrimental to the health of the patient. "Medically Necessary" also applies to patients who are physically incapable of using other forms of transportation, and is frequently a requirement for insurance coverage eligibility, and a signed certificate of medical necessity by your physician is required. Butler Ambulance Service reserves the right to bill all available Third Party Insurance Carriers.

## 2018-2019 MEMBERSHIP APPLICATION Major Credit Cards Accepted

\$35 FOR INDIVIDUAL       \$50 FOR FAMILY      Check Number: \_\_\_\_\_

Memberships Expire October 31, 2019 • Enclose Check Payable to: **Butler Ambulance Service**

**SINGLE:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ In which City, Township, or Boro do you reside: \_\_\_\_\_

**FOR FAMILY MEMBERSHIP ONLY: (LIST ALL PEOPLE AT YOUR HOUSE)** Birthdate: \_\_\_\_\_

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature x \_\_\_\_\_ Signature x \_\_\_\_\_ Date: \_\_\_\_\_

REMOVE & KEEP CARD