BUTLER AMBULANCE SERVICE

2020-2021 Ambulance membership benefits

Ambulance (per transport)

Services covered by insurance:

Covers up to $100 of patient's out-of pocket expenses (deductible/copay)

**Members will be billed any remaining balances*

Services not covered by insurance or uninsured members:

Emergency and Non Emergencies – billed at Member Rate

BLS - ($150/hr from time the unit leaves base until it returns to base)

ALS - ($200/hr from time the unit leaves base until it returns to base)

Wheelchair Vans

Service covered by insurance:

Members will be billed for any co-pays, not to exceed the cost of service paid by non-covered members.

Services not covered by insurance or uninsured members:

Reduced rate: $30 base rate (includes 10 miles), $4/mile, after 10

Please call the Billing Office at (724) 282-9595 for any questions.

CARE YOU CAN COUNT ON!

Although most residents think they will never need our emergency services, we must be available to respond at a moments notice with responsive, professional, and caring EMTs and Paramedics. Since Butler Ambulance Service receives no tax monies or subsidies, your membership helps provide the basic funding necessary for our Emergency Medical Service System.

PLEASE TAKE A MOMENT TO COMPLETE AND RETURN YOUR APPLICATION TODAY.

With a membership at Butler Ambulance Service, you will get the care you need, the quality you expect, and the peace of mind you deserve.

BUTLER AMBULANCE SERVICE

SERVICE - BASIC & ADVANCED LIFE SUPPORT

We provide emergency and non-emergency ambulance transportation with professional personnel 24 hours a day. We have 11 ambulances and a paramedic response truck to serve the community from three locations.

WHEELCHAIR VAN SERVICE - BUTLER ASSIST COACH

Wheelchair van service is provided as part of our complete medical transportation service. We have 14 wheelchair vans to transport patients to the hospital, doctors appointments, nursing homes, etc. Reduced rates are available for members.

If you are enrolled in an HMO or other insurance plan that requires a "pre-certification" or "authorization" for non-emergency transport, it is your responsibility to obtain this information and supply it to us prior to making arrangements. Failure to do so will result in you being made responsible for payment of services. This membership permits Butler Ambulance Service to bill and receive payment from your primary insurance plus any other insurance carriers including your co-insurance for ambulance services rendered. If your insurance plan pays benefits directly to you, it is your responsibility to forward payments to Butler Ambulance Service. This membership authorizes any holder of medical information to be released to the Center for Medicare and Medicaid Services, its agents, other insurance companies, Butler Ambulance Service, and other information needed to determine the benefits payable for related services.

Membership Application Enclosed

BUTLER AMBULANCE SERVICE

106 First Street, Butler, PA 16001

2020-2021 BUTLER AMBULANCE SERVICE MEMBERSHIP PACKAGE

YOUR MEMBERSHIP WILL PROVIDE:

- Limited out of pocket expenses, covering up to $100 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

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.

2020-2021 MEMBERSHIP APPLICATION

Major Credit Cards Accepted

☐ **$40** FOR INDIVIDUAL ☐ **$60** FOR FAMILY **Check Number:** _____

Memberships Expire October 31, 2021 • 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