

Community Ambulance Service

PO Box 359 Ludlow, VT 05149

802-228-2841 or 802-228-2880

<input type="checkbox"/> New	Membership Application November 1, 2017 to October 30, 2018	\$45 fee per year	Office use only
<input type="checkbox"/> Renewal			
<i>(Please Print)</i>			
Subscriber: LAST NAME _____ FIRST _____ MI _____ DATE OF BIRTH _____			
ADDRESS _____ TOWN _____ State _____ ZIP CODE _____			
PHONE # _____ EMAIL _____			
Current Dependents			
Name	DOB	<p style="text-align: center;">Payment of \$45 must accompany this application</p> <p><input type="checkbox"/> Check or Money Order – payable to Community Ambulance Service</p> <p><input type="checkbox"/> Credit Card – go to: https://pay.paygov.us/EndUser/PaymentAgency.aspx?ttid=15697</p> <p><input type="checkbox"/> Tax Deductible Donation Amount _____</p>	
_____	_____		
_____	_____		
_____	_____		
_____	_____		

PLEASE READ AND SIGN THE AGREEMENT BELOW

I hereby apply for Community Ambulance Service membership for myself and my dependents. I understand that the \$45 per family per year membership fee provides local emergency medical ambulance service to me and my listed dependents as medically necessary in the towns of Ludlow, Cavendish and Plymouth, after member discounts for deductibles and co-payments, from November 1, 2017-October 30, 2018. The membership fee will cover any applicable deductible or co-payments. I understand that this membership permits Community Ambulance Service to collect directly from any third party agency whatever benefits may be available at no charge to me or my family, and that this membership is nonrefundable and is nontransferable. I request payment of authorized Medicare and/or other insurance benefits be made on my behalf to Community Ambulance Service for any ambulance services and supplies furnished to me by Community Ambulance Service, whether in the past, present, or in the future. I authorize any holder of medical information about me or other relevant documentation about me to be released to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers, whether in the past, present or future.

Sign: _____ # Date: _____ (Signature required by Insurance Carriers)

LUDLOW AMBULANCE SERVICE



The Ludlow Community Ambulance Service is operated by the Town of Ludlow and serves the towns of Ludlow, Cavendish and part of Plymouth. The service is a combination volunteer and paid department of the Town of Ludlow covering 800 calls per year. Since 2005, the service has seen a decline in the volunteer membership's availability.

In response to this national trend, the service has increased the number of full time and part time staff to meet the needs of the communities we serve. This membership drive is one alternative to raise money to support the service's needs as opposed to requesting monies from the taxpayers of the communities served. Thank you for your support.

Membership Facts & Advantages

- The cost is \$45 per household - The principal subscriber and all persons claimed as dependent on your most recent Federal Income Tax Return.
- Community Ambulance Service reserves the right to bill any third party insurance company.
- Additional donations are tax deductible
- Medicaid patients that have full coverage are exempt from this service.
- Unlimited local emergency transports within our primary coverage area.
- Membership income will help to offset the increasing cost to providing this crucial service to the communities we serve.
- It prevents the service from becoming an increased burden on the local municipal tax base.

Community Ambulance Service
PO Box 359 Ludlow, VT 05149

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