2018-2019 Subscription Program

Membership Makes a Difference

NAME

EMAIL

POCONO PHYSICAL ADDRESS

MAILING ADDRESS

PHONE

LIST ALL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD

PLACE AN 'X' WHERE YOU'RE FROM

- ☐ Barrett Township
- ☐ Coolbaugh Township
- ☐ Mount Pocono Borough
- ☐ Paradise Township
- ☐ Price Township (up to Neola Road)
- ☐ Tobyhanna Township
- ☐ Tunkhannock Township
- ☐ Other

ADDITIONAL CONTRIBUTIONS AS A TAX DEDUCTIBLE DONATION ARE APPRECIATED

TELL US HOW MUCH YOU'D LIKE TO PLEDGE $

I apply for membership in the Subscription Program of PMREMS. I agree to the terms and conditions of the Subscription Program described above. I verify that I am not a Medicaid beneficiary. I request that payment of authorized Medicare or any other insurance benefits be made on my behalf to PMREMS for any ambulance services provided to me by PMREMS now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by PMREMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. **I agree to immediately remit to PMREMS any payments that I receive directly from my insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to PMREMS.** I authorize PMREMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to PMREMS, its billing agents, the Centers for 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 PMREMS, now, in the past, or in the future. A copy of this form is as valid as an original.

By signing, I acknowledge that I have received PMREMS's Notice of Privacy Practices. I am also acknowledging that I understand the text regarding the subscription program

PRIMARY SUBSCRIBER SIGN HERE

FILL IN, PRINT, SIGN & MAIL IN YOUR FORM WITH PAYMENT TO

THANK YOU FOR YOUR CONTRIBUTION

POCONO MOUNTAIN REGIONAL EMERGENCY MEDICAL SERVICES
135 Tegawitha Road, Tobyhanna, PA 18466
PMREMS.org
570.839.8485