



Clarion Hospital EMS

Subscription / Renewal Notice 2018-2019

Subscription Plans (check one)

- | | | | |
|--|------|---|------|
| <input type="checkbox"/> Household | \$60 | <input type="checkbox"/> Couple 65 & up | \$40 |
| <input type="checkbox"/> Individual under 65 | \$50 | <input type="checkbox"/> Individual over 65 | \$35 |

Name: _____ Phone: (_____) - _____

Address: _____

City, State, Zip: _____

Subscription Amount \$ _____ Donation \$ _____ Total \$ _____

Make checks payable to: Clarion Hospital EMS (1 Hospital Drive Clarion, PA 16214)

Sign & Return This Completed Form With Payment

Covered Household Family Members:

Name:

Date of Birth:

_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

Authorization:

I authorize that payment of authorized Medicare Benefits or other insurance benefits be made on my behalf to Clarion Hospital for any ambulance service provided to me by Clarion Hospital EMS. I authorized any holder of medical information or documentation about me to release to the Health Care Financing Administration and its carriers and agents, as well as to Clarion Hospital and any information or documentation needed to determine these benefits or benefits payable for any services provided to me by Clarion Hospital EMS now or in the future.

Head of Household Signature: _____



Clarion Hospital EMS

2018-2019 Subscription Card

Serving you since 1988

Emergency Call 911

Clarion Hospital EMS Office

814-226-1248

8:00 a. m. - 4:00 p. m.

Mon. - Fri.

This subscription card entitles holder to unlimited Emergency Medical Service within the CHEMS' coverage area until June 30 2018, subject to the subscription terms and conditions which are available upon request. Clarion Hospital EMS reserves the right to any available third party claims.

Thank You For Your Support