



CITY OF FRANKLIN

EMS Subscription Application

Franklin Fire & Rescue

WHAT IS AN E.M.S. SUBSCRIPTION?

An EMS subscription is a program to help citizens defray out-of-pocket expenses, such as health insurance co-payments and deductibles, when they need emergency ambulance transportation. City Council approved to start a subscription program for emergency ambulance transportation as part of the City's EMS Revenue Recovery Program. Subscribers insurance, Medicare/Medicaid or any other insurance will be charged for services rendered, then any balance due your subscription would cover it. Subscribers should check with their health insurance carrier to determine if the program is right for them.

For \$60.00 a year, a subscriber may enroll all members of his or her household. A subscription covers individuals listed on the application form, who reside at the listed address. The EMS Subscription runs from January 1st to December 31st of the year.

Please make your check or money order payable to City of Franklin Fire & Rescue, and mail this application and payment to:

City of Franklin Fire & Rescue
P. O. Box 179
Franklin, VA 23851

LAST NAME _____ FIRST NAME _____ MI. _____ SSN (last 4) _____ DATE OF BIRTH _____

STREET ADDRESS/APT# _____

CITY _____ STATE _____ ZIP _____ PHONE NO. _____

PLEASE PRINT CLEARLY

Part 2: ADDITIONAL RESIDENTS AT THIS ADDRESS

LAST NAME _____ FIRST NAME _____ MI. _____ SSN _____ DATE OF BIRTH _____

LAST NAME _____ FIRST NAME _____ MI. _____ SSN _____ DATE OF BIRTH _____

LAST NAME _____ FIRST NAME _____ MI. _____ SSN _____ DATE OF BIRTH _____

LAST NAME _____ FIRST NAME _____ MI. _____ SSN _____ DATE OF BIRTH _____

BILLING AUTHORIZATION/RESPONSIBILITY FOR PAYMENT

I understand that I am financially responsible for the services provided to me by Franklin Fire & Rescue regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to City of Franklin Fire & Rescue or its billing agent for ambulance transportation services provided to me by Franklin Fire & Rescue. I authorize and direct any holder of medical information or documentation about me to be release to the Centers for Medicare and Medicaid Services or its successors and its carriers and agents, as well as to City of Franklin and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by Franklin Fire & Rescue, now or in the future. I agree to immediately remit to City of Franklin any payments that I receive directly from any source for the emergency ambulance transport services provided to me. A copy of this form is as valid as the original.

Signature _____

Date _____