

Happy Camp Volunteer Ambulance Service Subscription Agreement

Name _____ Date of Birth _____
Social Security # _____
Mailing Address _____ City _____ State _____ Zip code _____ Phone _____
Name, age and Social Security number of dependents in my household to be included on this membership: _____
Include your \$50.00 or \$100 payment with this application _____
Personal Check _____ Money Order _____ Cash _____
Email Address for renewal information _____
or pay at – www.happycampambulance.com _____
YOUR SIGNATURE REQUIRED BY YOUR INSURANCE COMPANY - _____

SUBSCRIPTION AGREEMENT

I hereby make application for a Happy Camp Volunteer Ambulance Service subscription for myself and household dependents listed on my application. I understand that the fee provides EMERGENCY AMBULANCE SERVICE, when MEDICALLY NECESSARY. I understand that I must reside in one of the following communities in order to subscribe: Happy Camp, Seiad Valley, Scott River, Hamburg, Horse Creek or Somes Bar. This subscription will be terminated if the subscriber moves out of the response area. I understand that if any member of my household uses HC Vol. Ambulance Service, HC Vol. Ambulance Service will bill my insurance company. I agree to forward all payments received by me for services provided by HC Vol. Ambulance Service. This subscription is non-refundable and non-transferable. I authorize payment of medical benefits to: Happy Camp Volunteer Ambulance Service, Inc. I understand that it may be necessary for HC Vol. Ambulance to call other providers (Paramedic/Helicopter) and that this subscription **DOES NOT** cover any of the fees charged by those services. I understand that I will be responsible for the bill from those agencies and that HC Vol. Ambulance has no control over their fees or services.

**Please sign agreement on
The Last page of brochure**

July 2022 - June 2023



**Happy Camp Volunteer
Ambulance Service, Inc.**



Proudly Serving

Our River Communities since 1960

- Happy Camp - Seiad Valley
- Scott River - Hamburg
- Horse Creek - Somes Bar

SUBSCRIPTION INFORMATION

AND APPLICATION

(530) 493-2643 – Ambulance Office

How Subscription Works & Who Is Covered

Happy Camp Volunteer Ambulance will provide the principle subscriber and persons claimed as dependants (in household) on your Federal Tax Return with MEDICALLY NECESSARY Emergency Medical Services for one full year.

What About Insurance Coverage?

This Subscription is **not** an insurance policy. Happy Camp Volunteer Ambulance income is received from billing of insurance and patients for services. Most insurance policies have a deductible or co-pay for services. This subscription will eliminate any portion of our bill that your insurance company did not cover. Occasionally, insurance claims have been denied. In this case, you will still be covered.

What if I don't have Insurance?

It is required by Federal law to have insurance. **If you do not have insurance**, there are services that can assist you in getting it. The ambulance subscription cost if you have no insurance is \$100.

PRORATE PRICES

July-Sept.	\$50
October	\$45
November	\$40
December	\$35
January	\$30
February	\$25
March	\$20
April	\$15
May	\$10
June	\$5

You must have a subscription prior to your emergency for your subscription to be active.

What My Subscription Provides:

- Emergency Ambulance Services for all dependant household members.
- Medically Necessary Ambulance transport to our base hospital.
- Medically Necessary Ambulance transports to another hospital **IF** approved by our base hospital & policy.
- If you choose not to be transported to the hospital, the portion paid by your insurance company will be received as "payment in full."
- Free lift assist (Maximum of 6 per yr)
- Medical evaluation – This represents responding and evaluating vital signs to be sure they are within normal limits. Any evaluation performed by our staff will be billed to your insurance however, you will not be required to pay for any amount not paid by your insurance.

ALL NON-SUBSCRIBERS WILL BE RESPONSIBLE FOR THE ENTIRE AMOUNT, EACH TIME OUR AMBULANCE SERVICE IS CALLED.

Subscribers are **NEVER** charged for a balance not paid by insurance for Medically Necessary incidents.

NEED MORE INFO?

Call our office (530) 493-2643 or come by - 38 Park Way, Happy Camp
If we are on a call, leave your phone number and we will call you upon our return.

IMPORTANT REASONS TO JOIN

- HCVAS provides both Basic and Advanced Life Support Services
- Emergency Medical Technicians are on call 24 hours a day, 7 days a week
- It only costs you \$50 dollars annually to cover your dependant household members. No additional out-of-pocket expense for our service
- Protection from Insurance denials for Medically Necessary Emergency Medical Services
- We provide ambulance services from Horse Creek to Somes Bar

Ambulance Services Fees for 2022

ALS Specialty Rate - \$2950

ALS Base Rate - \$2400

Mileage Rate - \$45

BLS Base Rate - \$1915

Average Transport Cost - \$6000 approx. to Fairchild Medical Center

Average payment from Medicare/MediCal/Partnership is approx. 16% or less. This means you could have a remaining balance of thousands of dollars.

Who do I pay?

Send application in with \$50 or \$100 (if no insurance) payment to:
Happy Camp Volunteer Ambulance

PO BOX 596

Happy Camp, CA 96039

or pay online at

www.happycampambulance.com