

# 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 dependants in my household to be included on this membership: \_\_\_\_\_ \$50.00 Payment Must accompany this application  
\_\_\_\_\_ Personal Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_  
Email Address for renewal information \_\_\_\_\_  
Or pay at – [www.happycampambulance.com](http://www.happycampambulance.com) \_\_\_\_\_  
YOUR SIGNATURE REQUIRED BY YOUR INSURANCE COMPANY - \_\_\_\_\_

## SUBSCRIPTION AGREEMENT

I hereby apply for a Happy Camp Volunteer Ambulance Service subscription for myself and the household dependants 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**

2019-2020



**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

APPLICATION

(530) 493-2643 – Ambulance Office

[WWW.HAPPYCAMPAMBULANCE.COM](http://WWW.HAPPYCAMPAMBULANCE.COM)

### 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

(Renewal period) July/Aug/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 (approx. 80 miles of Klamath River Corridor)

### Average State Ambulance Services Fees

**ALS Base Rate - \$1900**

**Mileage Rate - \$30**

**BLS Base Rate - \$1550**

**Average Transport Cost - \$4200-\$5000**

**Average payment from Medicare/MediCal/Partnership is approx. 10% or less. This means you could have a remaining balance of nearly \$3800-\$4500**

### Who do I pay?

Send application in with your \$50 or \$100 (no insurance) payment to:

Happy Camp Volunteer Ambulance

PO BOX 596

Happy Camp, CA 96039

Or pay online at

[www.happycampambulance.com](http://www.happycampambulance.com)