

SIGNATURE ACKNOWLEDGEMENT

I apply for participation in the subscription program of New Cumberland Fire Department EMS (NCFD). I agree to the terms and conditions of the subscription described herein. I verify that I am not a Medicaid beneficiary. I request payment of authorized Medicare or any other insurance benefits be made on my behalf to NCFD for any ambulance services provided to me by NCFD now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by NCFD regardless of my insurance coverage, and in some cases, I may be responsible for an amount in addition to that which is paid by my insurance. I agree to immediately remit to NCFD 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 NCFD.

By Signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of this subscription program and I hereby apply to be a subscriber of NCFD.

Signature of Primary Subscriber: _____ Date: _____

Please list all individuals living in your home:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: E-Mail Address: _____

Subscription Fee: \$100.00

Check #: _____

(Make checks payable to New Cumberland Fire Department)

Mail completed form to:

New Cumberland Fire Department

319 4th ST

New Cumberland PA 17070-2120

Please Retain For Your Records

New Cumberland Fire Department EMS

319 Fourth Street
New Cumberland, PA 17070

Is a member in good standing

2021 – 2022 Subscription Program

New Cumberland Fire Department EMS

Subscription Card

Valid from April 1, 2021 to March 31, 2022

Name: _____

Address: _____

Subscription is not valid unless payment is received by
New Cumberland Fire Department