

Ambulance Subscription Program Agreement

(Please read carefully and sign)

I understand and acknowledge the following:

- Membership fee provides protection for me and all permanent members of my household from City of West Covina ambulance transportation fees.
- I must be a resident of the City to enroll in this program and households located outside of the City's boundaries are ineligible
- This fee protection applies only to emergency medical treatment and/or transportation performed by the City of West Covina Fire Department
- City of West Covina reserves the right to bill any insurance that any household member or I may have if emergency medical transport services are rendered.
- Membership begins upon receipt of payment by the City and terminates on the last day of anniversary month.
- Membership is non-transferable.
- I agree to immediately forward any payment received, by any member of my household or myself, for ambulance service provided by West Covina Fire Department to the City of West Covina.
- I authorize the release of my medical / insurance coverage information for the sole purpose of the City of West Covina medical services.
- Violations of the terms of this agreement could result in the cancellation of my membership.

Member's Signature

Date

CITY OF WEST COVINA FIRE DEPARTMENT Ambulance Services

The West Covina Fire Department is proud to provide emergency ambulance transport services through the ambulance subscription program. West Covina citizens will continue to receive exceptional service with ambulances stationed throughout the city. In addition to five paramedic assessment engines and a paramedic assessment truck company, ambulances allow the West Covina Fire Department to offer innovative, flexible and quality service to the community.

These ambulances are assigned to different stations and respond with the paramedic assessment fire companies stationed throughout the City. "It's just another example on how the West Covina Fire Department is striving to improve the level of service available to the community," says Mike Fountain, a Fire Captain and Paramedic who has worked on one of the rescue ambulances. The department's rescue ambulance program has paramedic's on-duty every day to improve the quality of care, response times, and overall service to the community.

Emergency medical care, paramedic service and efficient transportation for our citizens throughout the community have always been a priority for the West Covina Fire Department. By offering rescue ambulance and transportation services, the West Covina Fire Department ambulance program has been operating since 2005. The goal of West Covina Fire Department is to continually anticipate, evaluate and meet the changing needs of our community and provide the best possible service.

When to Call the Paramedics

If you experience a medical emergency Call 9-1-1. Paramedics will be dispatched to your location immediately.

This program provides emergency ambulance services provided by West Covina Fire Department ONLY.

Routine medical transportation is not covered.

CITY OF WEST COVINA



Ambulance Subscription Program



FOR WEST COVINA RESIDENTS

**An affordable alternative for
City of West Covina Emergency Paramedic
and Ambulance Services**

Ambulance Subscription Program

The Ambulance Subscription Program is an official program of the City of West Covina. The City offers this program to all City of West Covina residents as an alternative to paying higher direct fees for ambulance transport service.

As a member, your entire household is covered and pays nothing for:

- Emergency Ambulance Transportation Services provided by West Covina Fire Department
- Unlimited Usage

Household Coverage

- For only \$70 a year
- Protects legal residents of your household from any out-of-pocket expenses associated with the City's ambulance transportation services.



Saving you Money . . . Avoid Costly Fees!

Did you know that one ambulance call could cost over \$1700! Additionally, most insurance companies do not cover the entire cost of ambulance services. As a member of the Ambulance Subscription Program, you and the members of your household pay nothing, even if you do not have insurance.

You will need to check with your current medical insurance company to verify if a co-pay is required.

*If you are a Medi-Cal recipient or your medical insurance does not require you to pay co-pay for ambulance transportation, this program would **not** be beneficial to you.*

Value, Peace of Mind and Support

For less than 20¢ a day, your household will be protected from paramedic and ambulance fees. If you have insurance, it will be billed for you, and whatever amount if paid will be accepted as full payment with no further obligation from you.

Protect your Family . . .

Join Now!

Don't wait until it's too late!



APPLICATION FOR MEMBERSHIP AMBULANCE SUBSCRIPTION PROGRAM (RESIDENTS)

Head of Household _____

Address _____

Home Phone _____

Number of Legal Residents _____

Please read and sign the membership agreement on the back of this form and return it with your payment of **\$70** for your 12-month subscription.

Make checks payable to:

City of West Covina

Mail in payment to:

City of West Covina – Business Support Center
ATTN: Ambulance Subscription Program
8839 N CEDAR AVE #212
FRESNO, CA 93720

You can also make payments online at

Westcovina.hdlgov.com
Or call
(888) 602-0239

The following payments are accepted online or via phone are as follows:

Check, Visa, MasterCard and Discover