

# **2009 AMBULANCE MEMBERSHIP** **RENEWAL**

Greetings 2008 Northglenn Ambulance Members,

Northglenn Ambulance memberships are available for all residents of Northglenn. Your membership will cover you and any family members living at or visiting your residence during the membership year. **Northglenn Ambulance members pay \$0.00 out of pocket for 911 emergency ambulance response and transport provided by our company.** We accept the payments received from your primary, secondary, or auto insurance settlements as payment in full. Many insurance companies require a \$50.00 or greater co-payment for ambulance service. Medicare generally leaves the patient \$80.00 to pay. **Your membership pays for itself the first time you have to call 911.**

Due to increased energy and fuel cost we have no choice but to raise our membership rates \$10.00 this year. **The price for your 2009 family membership is \$45.00.** The Board of Directors is offering **Senior Citizens a prompt payment discount of \$5.00 if your membership is postmarked by December 15, 2008.**

Your current membership will expire December 31, 2008. The membership year is the calendar year. As always your canceled check will serve as your proof of membership.

Simply complete the attached form and mail it with the appropriate payment in order to continue your membership. Make your check payable to Northglenn Ambulance. If you have any questions please call our billing office during normal business hours. **303-451-6882 ext. 5.**

**If you feel you have received this notice in error please contact our office. Thank you for your continued support.**

## 2009 MEMBERSHIP DRIVE

NAME: \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST, FIRST MM/DD/YEAR

DATE MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT OF CHECK: \$ \_\_\_\_\_

LIST ADDITIONAL FAMILY MEMBERS WITH THEIR BIRTHDAYS WHO RESIDE AT YOUR HOUSE:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- I authorize the release of any medical or other information necessary to process claims.
- I authorize my insurance company to send any ambulance payment benefits I am entitled to directly to Northglenn Ambulance.
- Your signature will become your lifetime signature and will be kept on file at Northglenn Ambulance.
- Membership applies only to services provided by Northglenn Ambulance.

As an essential part of our commitment to you, Northglenn Ambulance maintains the privacy of certain health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with our Notice of Privacy Practices at the time of service. This Notice in full is available any time either on our web site at: [www.northglennambulance.com](http://www.northglennambulance.com) or you may request it by calling 303-451-6882 ext. 5

\*Northglenn Ambulance will bill your insurance (if you have insurance) and will accept the insurance payment / auto settlement (if any) as payment in full. Any uninsured portion of the ambulance bill that you would normally be required to pay will not be collected by Northglenn Ambulance. In the event our ambulances are unavailable, a Thornton Ambulance will be dispatched. Thornton will not honor your membership. In the unlikely event of a Thornton Fire response, simply instruct the paramedic that you are a Northglenn Member and request transport by Northglenn Ambulance only.

\*\*Medicaid patients already have full coverage for services covered by Medicaid. Therefore, there is no reason to join the membership program.

\*\*\*Non-emergency ambulance transportation for routine, scheduled, or other non-emergency medical care is not covered by this membership.

**MAIL THIS ENTIRE FORM TO: NORTHGLENN AMBULANCE  
P.O. BOX 33498  
NORTHGLENN, CO 80233**