

2024

Bower Hill Volunteer Fire Department
161 Vanadium Road, Bridgeville, PA 15017

2024

2024

Subscription effective upon receipt of payment.

Ends December 31st, 2024

Please make check payable to: Bower Hill VFD

Mail check in enclosed envelope to:

161 Vanadium Road, Bridgeville, PA 15017

E-mail _____

Payment # _____ Date _____

PLEASE
CHECK☐ Household Subscription Rate

\$60.00

☐ Business Subscription Rate

\$150.00

☐ Donation to Ambulance Fund (optional) (Tax Deductible) \$ _____

Total Amount Enclosed: \$ _____

ONLINE PAYMENT OPTION

(includes processing fee)

www.bowerhillfire.com/subscriptions

Please print any
corrections in
name and
address at left



I AGREE TO THE TERMS AND CONDITIONS OF THIS SUBSCRIPTION AS STATED ON BOTH SIDES OF THIS CARD.
FOR SUBSCRIPTION TO BE VALID THIS CARD MUST BE SIGNED*

Signature _____ Date _____

**Bower Hill
Volunteer Fire Dept.**

Check Number _____

Date _____

Amt. \$ _____

**EMERGENCY
PHONE NUMBER**

911*Thank You!*

**This membership
entitles holder to
Emergency
Medical Services
through
December 31, 2024.
EMERGENCY
PHONE NUMBER
911
Thank You!
KEEP THIS PORTION
AS YOUR RECEIPT**

MEMBERSHIP TERMS WITH BOWER HILL VFD/SCOTT TOWNSHIP EMS

I hereby apply for a membership to Bower Hill VFD(BHVFD)/Scott Township EMS (STEMS) and agree to the following terms: Acceptance by BHVFD/STEMS of the enclosed membership fee and the assignment entitles me to medically necessary EMERGENCY AMBULANCE SERVICE as often as needed in Scott Township, Carnegie Borough and Pennsbury Village. The MEMBERSHIP PLAN covers all family members living at this address and any guests or visitors who are transported from the residence. This membership is effective upon BHVFD's /STEMS' receipt and acceptance of the membership fee and this assignment expires on DECEMBER 31, 2024. This membership also provides coverage in communities served by the following ambulance services: Kirwan Heights Medical Rescue Team South (MRTSA), SouthBridge EMS, and Tri-Community South EMS.

ASSIGNMENT: Subject to acceptance of this assignment and payment to BHVFD/STEMS by my insurance company when ambulance services are rendered. All co-payments and/or deductibles will be covered. As part of the consideration for this membership agreement, I hereby assign to BHVFD/STEMS all my rights and benefits under my hospitalization and medical coverage or other medical benefits or insurance policies for services rendered to me by or for BHVFD/STEMS. I authorize and direct my insurers and medical benefits providers to pay directly to BHVFD/STEMS all sums owed for each service rendered to me. When services are rendered, I will notify my insurance as required, and provide insurance numbers and authorizations needed by BHVFD/STEMS to bill my insurance. BHVFD/STEMS will send my bills directly to my insurer or other medical benefits provider. I also agree to forward to BHVFD/STEMS any payments I receive for services rendered to me by or for BHVFD/STEMS under this membership agreement.

PLEASE NOTE: This is NOT an insurance contract. This membership covers any insurance co-payments and/or deductibles, except as required by law or regulation, which you may incur for ambulance service rendered by or for STEMS, not paid by your third-party payer. Membership coverage applies only to persons who accept all terms of this agreement. This membership is non-refundable and non-transferable. As indicated on the reverse side, I authorize BHVFD/STEMS to charge the total amount to my VISA/MC Account.

CHECKS FROM YOUR INSURANCE COMPANY

Any check you receive from your insurance company for your ambulance transport MUST be sent to BHVFD/STEMS or ask your insurance carrier to send payment directly to us. Remember, that check does not actually belong to you, but to BHVFD/STEMS as payment for services rendered. BHVFD/STEMS thanks you for your continued support.