

**SUBSCRIPTION AGREEMENT WITH  
TRI-COMMUNITY SOUTH EMERGENCY MEDICAL SERVICES**

“I hereby apply for a subscription to Tri-Community South Emergency Medical Services (TCS) and agree to the following terms:

Acceptance by TCS of the enclosed subscription fee and this assignment entitles me to medically necessary EMERGENCY AMBULANCE SERVICE when available and as often as needed in the Municipality of Bethel Park and the Townships of South Park and Upper St. Clair and in addition to EMERGENCY AMBULANCE SERVICE in Mt. Lebanon, Castle Shannon, Dormont, Baldwin Township, Baldwin Boro, Whitehall, Green Tree, Brentwood, Peters Township, Jefferson Boro and Scott Township. The SUBSCRIPTION PLAN covers all individuals living at this address and any guests or visitors whose permanent residence is outside the communities listed above for \$60/year. With this plan, the subscriber agrees to supply all necessary insurance information for reimbursement purposes. This subscription is effective upon TCS’ receipt and acceptance of my subscription fee and assignment and expires on December 31, 2017. Subscription enrollment may occur anytime during 2017. However, full payment will be due and the subscription will still expire on December 31, 2017.

The SUBSCRIPTION PLAN also provides pre-scheduled **NON-EMERGENCY AMBULANCE SERVICE** when medically necessary and meets the requirements/guidelines set fourth by the healthcare insurance companies and Medicare. For a **NON-EMERGENCY AMBULANCE SERVICE**, the physician or other designated healthcare provider must provide all required information on a medical necessity form. Patients must be non-ambulatory and stretcher-bound and meet guidelines set for by Medicare and *Doctors’ Office visits do not qualify for non-emergency ambulance services.*

**ASSIGNMENT OF THIRD PARTY PAYMENT TO TCS:** Subject to acceptance of this Assignment, when ambulance services are rendered, any payment to TCS by my insurance is accepted. **EXCEPTION: SUBSCRIBERS ARE RESPONSIBLE FOR 50% OF THEIR CO-PAY AND/OR THEIR DEDUCTABLE AND WILL BE BILLED FOR SUCH.** As part of the consideration for this subscription agreement, I hereby assign to TCS all my rights and benefits under my hospitalization and medical insurance or other medical benefits or insurance policies for service rendered to me by or for TCS. I authorize and direct my insurer (s) and medical benefits provider(s) to pay directly to TCS 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 TCS to bill my insurance. TCS will bill the insurer or other medical benefits provider directly. **I agree to forward to TCS any payments I receive directly for services rendered to me by or for TCS.** Should said payments be made directly to me and not forwarded to TCS, I agree to be responsible for payment of the services rendered by or for TCS. TCS subscription fee is applied to all applicable co-insurance, co-payments or deductibles except as required by law or regulation that you may incur for ambulance service rendered by TCS not paid by your third party payer. Subscription coverage applies only to persons who accept all terms of the agreement. TCS agrees to keep all medical/insurance information confidential and will abide by all confidentiality laws protecting the patient’s right of privacy.

The terms of the TCS Subscription program may be changed without prior notice by the TCS Administration Committee in accordance with governmental regulations and shall be posted and available in the offices of the Municipality of Bethel Park, the Townships of South Park and Upper St. Clair and the TCS Business office.”