



Sign and Return This Completed Form with Payment

Please list all family members residing in your home. Please print all names.

_____	_____
_____	_____
_____	_____

Telephone Number: () - _____ - _____

Authorization

I understand that I am financially responsible for the services provided to me by Northwest EMS, Inc., referred to as "NWEMS", regardless of my insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to NWEMS or its billing agent for any services provided to me by the Centers for Medicare and Medicaid Services and its carriers and agents, as well as NWEMS and its billing agents, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by NWEMS, both now or in the future. A copy of this form is as valid as the original. I also agree to immediately remit to NWEMS any payments that I receive directly from any source for the services provided to me. If indicated on the reverse side I authorize Northwest EMS, Inc. to charge the total amount of my subscription payment to my credit card account.

This subscription entitles holder unlimited Emergency Medical Service, and additional ancillary services, until December 31, 2017, subject to terms and conditions which are available upon request.

Northwest EMS, Inc. reserves the right to all available third party claims.

For additional information call 8:00 a.m. - 4:00 p.m. Mon-Fri

717-361-8220

Thank You For Your Support

Signature: X _____ Date: _____

Head of Household or Credit Card Holder (If Applicable)