



# LIMINGTON EMERGENCY MEDICAL SERVICE AMBULANCE SUBSCRIPTION AGREEMENT 2023-2024

**READ THIS FORM CAREFULLY - IT IS THE SUBSCRIPTION AGREEMENT**

**\*\*\*PLEASE RETURN THE FORM WITH YOUR CHECK\*\*\***

Subscriber: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### List All Names Covered By Subscription

Name	Sex	Date of Birth	Relation

*If more space is needed list additional names on reverse side.*

This subscription agreement by and between Limington Emergency Medical Services (Limington EMS) and subscriber shall exempt the subscriber and family members who are members of the household and specified herein from charges for emergency ambulance services provided by Limington EMS during the term of this agreement and not payable or reimbursable through public or private insurance. Subscriber agrees to apply to any insurance benefits available and authorize payment directly to Limington EMS when emergency services are provided. Limington EMS agrees not to bill the subscriber for any charges in excess of insurance benefits available. The subscription price is \$20.00 for an individual, \$30.00 for a family\*, \$7.00 for a senior, \$75.00 for a business of 10 or less employees, and \$125.00 for a business with 11 or more employees. \*Refer to Rule #8

**→ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PLEASE MAKE CHECK PAYABLE TO: TOWN OF LIMINGTON EMERGENCY MEDICAL SERVICES**

SUBSCRIPTION AGREEMENTS ARE EFFECTIVE FOR THE PERIOD BEGINNING **APRIL 1, 2023** OR THE DATE LIMINGTON EMS RECEIVES THE SUBSCRIPTION AGREEMENT AND PAYMENT, WHICHEVER IS LATER, AND ENDING **MARCH 31, 2024**.

**SUBSCRIPTION RATES:**  Individual \$20.00  Family \$30.00  Senior \$7.00 ea  Business 10 or less \$75.00  Business 11 or more \$125.00

**Please return in the enclosed envelope**

*(Not responsible for error or omissions.)*

### RULES FOR SUBSCRIPTION SERVICE

- The subscription service will be open to all residents, and businesses in the Town of Limington.
- The subscription service is valid for one (1) year following receipt of payment for the service. There is no maximum number of ambulance transports during the period covered.
- The subscription service covers one-way, emergency transports to one of the hospitals the ambulance routinely transports to. These include; Maine Medical Center, Portland; Mercy Hospital, Portland; Southern Maine Medical Center, Biddeford; Goodall Hospital, Sanford; and Northern Cumberland Memorial Hospital, Bridgton.
- The subscription service only covers ambulance services made by Limington Fire and EMS.
- The subscription service only covers the balance of charges incurred for ambulance services not covered by insurance. All monies received from the members insurance for ambulance transportation must be forwarded to the Town of Limington.
- Federal law does not allow the service to write off insurance deductibles. We reserve the right to bill third party payers.
- Members that belong to an HMO that requires prior approval for service are responsible for obtaining that approval.
- Family memberships cover the person and their spouse, as well as any dependent children up to the age of 18. The age is increased to 21 for dependents in college.
- For employees of businesses, coverage is not extended if the employees seek service outside of the ambulance's normal response area.
- Members over the age of sixty-five (65) are entitled to the senior rates.
- Prices for annual service are as follows.
 

a. Individual membership	\$20.00
b. Family	\$30.00
c. Senior	\$7.00 ea.
d. Business (under 10 employees)	\$75.00
e. Business (11 or more)	\$125.00

## ***What is an Emergency?***

1. Difficulty breathing, shortness of breath.
2. Chest or upper abdominal pain or pressure.
3. Fainting, sudden dizziness, weakness or change in vision.
4. Change in mental status (confusion, difficulty arousing).
5. Sudden severe pain anywhere in the body.
6. Bleeding that won't stop.
7. Severe or persistent vomiting.
8. Coughing up or vomiting blood.

## ***When to Call an Ambulance***

1. Is the condition life-threatening?
2. Could the condition worsen and become life-threatening?
3. Could moving the person cause further injury?
4. Does the person need skill or equipment of emergency medical professionals?
5. Would the distance or traffic cause a delay in getting to the hospital?

## ***“Don't Guess Call EMS”***

### ***Speak Calmly and Clearly***

Give your name, address, phone number, location of person, and nature of problem.

Don't hang up the phone until dispatcher tells you to.

*Keep This By Your Phone*