

Upper Merion Township EMS



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Permit No. 239



2024-2025 Ambulance Subscription

The History of Emergency Medical Services in Upper Merion Township

On September 28, 1961 the local Valley Forge chapter of the Kiwanis Club sponsored a meeting to plan the organization of an ambulance and rescue squad for Upper Merion Township. In January of 1962 the original founders signed the Articles of Incorporation of Lafayette Ambulance & Rescue Squad, Inc. The new entity was an all-volunteer organization and was housed at the Kunda Sign Company on DeKalb Pike.

With the growth of the township, Lafayette Ambulance also grew and moved into their own headquarters on October 23, 1969. The familiar building located at 180 North Henderson Road remained their home for the rest of their existence.

In 1978 Montgomery County began offering Paramedic training which several Lafayette members took advantage of. Paramedic services were offered a few years later adding the equipment needed for the paramedics including medical drugs, IV lines and heart monitors.

The number of volunteers began to decline over time and the Board decided to hire full time Paramedics and Emergency Medical Technicians. Over the years the squad went through multiple vehicle upgrades and equipped them with the latest medical technology.

Throughout the 2000's Lafayette Ambulance responded to the increasing number of medical emergencies. In May of 2019 Lafayette Ambulance was dissolved by the squad's governing board. An agreement had been arranged for its functions to be taken over by a new division of the Upper Merion Township Department of Public Safety.

Since May of 2019, Upper Merion Township EMS has been and will continue to provide the highest quality of emergency medical care to the residents and visitors of Upper Merion Township.

Questions can be directed to ambulancesubs@umtownship.org or by calling (484) 636-3851

In the Event of an Emergency



For questions regarding billing please contact our Ambulance Billing Office at (877) 214-6018

Want to learn more about becoming an EMT? Contact us at kmcclure@umtownship.org

2024-2025 Subscription Service Overview

How much does it cost to provide care?

The cost of readiness is high. An average ambulance transport can reach or exceed \$1,500. The reason for this is the rising cost of healthcare, coupled with dwindling reimbursement. All of which is amplified by the unique nature of EMS in that we provide a staff of highly trained personnel operating specially equipped ambulances that are available on demand 24 hours a day, 7 days a week, 365 days a year.

Who is eligible?

Insured residents of Upper Merion Township.

What is the benefit of being a subscriber?

If your insurance doesn't cover the bill, you will only be expected to pay **10% of the out-of-pocket amount**. Please note that treatment non-transport and lift assists are excluded from subscription services.

What are the effective dates?

The program runs from the date Upper Merion Township receives your payment to July 31, 2025. The 2024-2025 subscription service will not cover retroactive expenses. Transport billing generated before subscriber membership must be satisfied before a person/family is eligible for coverage.

What if my insurance sends me a check?

If this happens, you should endorse the check and forward it to us via our authorized third party ambulance billing company at PO Box 726, New Cumberland, PA 17070. Failure to forward the check (and EOB, if applicable) shall void your subscription.

What is expected of me to help with the billing of my claim?

Subscribers must provide insurance information and any applicable forms necessary for a claim to be processed. Also, if a claim is denied, and there are grounds for appeal, subscribers are expected to help us when needed to ensure all appeal avenues are exhausted, prior to the subscription benefit taking effect.

Sign Up & Pay Online!

Don't want the hassle of writing a check and mailing in the application? Easily subscribe online and pay by credit card: <https://www.ambulancebillingoffice.com/memberships/uppermerion.php>

Subscription Cards

Subscription cards are not issued to subscribers. Please retain this document for your records.

Subscription Levels & Cost

- Senior Individual (Age 60+) \$50.00
- Senior Family (Ages 60+) \$75.00
- Individual \$75.00
- Family (2+ individuals) \$125.00

Upper Merion's Ambulance Subscription Service fee IS NOT tax-deductible

IMPORTANT: Please note that payment for your subscription cannot be accepted at the township building. To subscribe, either sign up online or mail in the application. Thank you for your cooperation!

Upper Merion Township EMS
400 Guthrie Road, Suite 100
King of Prussia, PA 19406

Upper Merion Township EMS 2024-2025 Subscription Record

| |
|--------------------|
| Check # |
| Date |
| Amount |
| Subscription Level |

Upper Merion Township EMS

2024-2025 Ambulance Subscription Request Form

Make check payable to *Upper Merion Township EMS Subscription*

Please complete all applicable fields; use additional paper if necessary

****Authorization must be signed on the back in order to activate subscription**

Please check the applicable box below

- Senior Individual \$50.00
- Senior Family \$75.00
- Individual \$75.00
- Family \$125.00

| Family Member Names (First & Last) | Birth Date | Relation |
|------------------------------------|------------|----------|
| | | |
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If any corrections need to be made to your name or address please call 484-636-3851 or email us at ambulancesubs@umtownship.org

AUTHORIZATION

I authorize the payment of Medicare benefits and/or all insurance benefits made on my behalf for any services furnished by Upper Merion Township Fire & EMS Department. I authorize any holder of medical information or documentation about me to release to the Health Care Financing Administration and its carrier and agents, as well as this health care service provider, any information or documentation needed to determine these benefits or benefits payable for any service provided to me by this health care service provider now or in the future. I understand that I am financially responsible for the services provided to me or my family members by this health care service provider regardless of my insurance coverage. I request that payment of authorized Medicare and/or other insurance benefits be made on my behalf to the health care service provider or its billing agent for any services provided to me by the health care provider. I authorize and direct any holder of medical information or documentation about me to release to the Center for Medicare and Medicaid Services and its carriers and agents, as well as to this health care provider and their billing agents, any information or documentation needed to determine these benefits payable for any service provided to me by the health care service provider, both now or in the future. A copy of this form is valid as the original. I also agree to immediately remit to this health care service provider any payments that I receive directly from any source for the services provided to me, now or in the future.

Signature: _____ **Date:** _____