

## How to enroll

*Complete the EMS Prepay Application (please print or type).*

*Mail the completed application and your check or money order in the amount of \$60 to:*

**Hanover County EMS  
Prepay Program  
EMS/MC  
P.O. Box 863  
Lewisville, NC 27023  
800-814-5339**

*After your application is processed, your canceled check will serve as your receipt confirming your enrollment in the subscription program.*

**For assistance, please call  
Hanover Fire • EMS  
804-365-6195**



Hanover Fire • EMS  
P.O. Box 470  
Hanover, VA 23067

804-365-6195

[www.hanoverfireandems.com](http://www.hanoverfireandems.com)

[www.co.hanover.va.us](http://www.co.hanover.va.us)

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Hanover Fire • EMS

## EMS Prepay Information & Application

Annual Subscription Reapply Every June



Hanover: People, Tradition, and Spirit

# EMS Prepay Application Form

Please print of type legibly

The **EMS Prepay Program** is a subscription program to help Hanover County citizens defray out-of-pocket expenses, such as health insurance co-payments and deductibles, when they need emergency transportation via ambulance. Subscribers will not be charged for any cost not covered by their insurance company. Potential subscribers should check with their health insurance carrier to determine if the **EMS Prepay Program** is right for them. For **\$60 a year**, a subscriber who resides in Hanover County may enroll all members of his or her household. Don't wait until you are transported to decide if you need this coverage. Check with your insurance carrier and then give us a call if you have additional questions.

### FAQ's About the Program

#### Who is eligible to subscribe?

If you are a resident of Hanover County and served by Hanover Fire • EMS, are employed by a business located in Hanover County or a resident of a nursing home facility in Hanover County.

#### How does the billing work?

Hanover County has contracted with a service to handle the EMS billing. The insurer, whether Medicaid, Medicare or a private company, will receive the bill. Patients will not be billed until all insurance options are exhausted. If you are a **subscriber** to the **EMS Prepay Program** and are transported in an ambulance, the billing statement will show a zero balance no matter what portion is paid by your insurance company or even if you are not insured.

#### How do you protect the privacy of my health information?

Hanover County has a federally required Health Insurance Privacy Protection Act (HIPPA) Compliance Program in place to protect your health information.

### Part I- Applicant Is this a renewal? Yes No

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Social Security #</i>	<i>Date of Birth</i>
<i>Street Address</i>				
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone #</i>	

### Part 2- Additional Applicants in residence, nursing homes, etc.

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Social Security #</i>	<i>Date of Birth</i>

### Billing Authorization/Responsibility For Payment

**Note: Applicants who are eligible to subscribe individually as students or workers at County businesses should complete only part 1. I understand that I am financially responsible for the services provided to me by Hanover County Fire • EMS (HFEMS) regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to HFEMS or its billing agent for any services provided to me by HFEMS. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services or its successors and its carriers and agents, as well as to HFEMS and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by HFEMS, now or in the future. I agree to immediately remit to HFEMS any payments that I receive directly from any source for the services provided to me. A copy of this form is as valid as the original.**

<i>Signature</i>	<i>Date</i>

