
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
EMS|MC
800-814-5339.**



EMS PREPAY

July 1, 2010 to July 1, 2011

Hanover: People, Tradition, and Spirit

HANOVER FIRE•EMS

PO Box 470
Hanover, VA 23069
Phone: 804 365-6195
www.co.hanover.va.us

The EMS Prepay Program is a subscription program to help citizens defray out-of-pocket expenses, such as health insurance co-payments and deductibles, when they need emergency ambulance transportation. 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 may enroll all members of his or her household.

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.

BILLING AUTHORIZATION / RESPONSIBILITY FOR PAYMENT

I understand that I am financially responsible for the services provided to me by Hanover County Fire and 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.

EMS Prepay Application Form

Part 1 - Applicant

<i>Last Name</i>	<i>First Name</i>	<i>Middle</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>

<i>Is this a renewal?</i>	<i>Yes</i>	<i>No</i>

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

<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Social Security #</i>	<i>Date of Birth</i>

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