

Rescue Hose & Ladder Co.  
 Ambulance Service  
 408-410 Filbert Street  
 Curwensville, PA 16833

PRSRT STD  
 ECRWSS  
 U.S. POSTAGE  
 PAID  
 EDDM RETAIL

# 2020 Membership

## Community Support is Essential

The Rescue Hose & Ladder Co. Ambulance Service had been serving the area since 1959.

Local  
 Postal Customer

The Rescue Hose & Ladder Co. Ambulance Service is one of the few ambulance services in Clearfield County that has four-wheel drive ambulances to better serve you in your time of need.

The Rescue Hose & Ladder Co. Ambulance Service is staffed with both paid and volunteer Emergency Medical Technicians.

Every time you use the emergency ambulance service, the Rescue Hose & Ladder Co. Ambulance Service will submit a bill to your insurance company. If the company reimburses any portion of that bill, we accept the payments and utilize the revenue to purchase new equipment and maintain our ambulance more effectively.

Please fill out and detach the card below. Please place in an envelope with payment, and return to:

Rescue Hose & Ladder Co. Ambulance Service  
 408-410 Filbert Street  
 Curwensville PA 16833  
 814-236-3111

## Benefits Rescue Hose & Ladder Ambulance Member Receive:

- Membership covers all expenses not covered by your primary medical insurance for medically necessary emergency ambulance service to the closest appropriate facility.
- Membership helps offset the high costs involved in providing a much-needed community service.
- Don't wait! Return the enclosed application today! Your continued support is greatly needed and appreciated!!!

**Membership is a Wise Investment  
 Membership can save you Hundreds of dollars!**

This subscription entitles holder, unlimited EMERGENCY MEDICAL SERVICE within a 25 miles radius, EXCLUDING NON-EMERGENCY TRIPS until March 31, 2021 subject to the subscription terms and conditions which are available upon request. Rescue Hose & Ladder Co. Ambulance Service reserves the right to any available third-party claims.



### Subscription rates

Please select the correct rate

- FAMILY.....\$60.00   
 INDIVIDUAL .....\$50.00   
 INDIVIDUAL SENIOR..... \$40.00   
 (65 or older)

New  Renewal

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street \_\_\_\_\_

PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please list all names and birthdates residing in your home below.

Name	Birthdate

I hereby authorize Rescue Hose & Ladder Co. to share information about myself or any of my family members regarding any future conditions that I may need to be treated for. I understand that the only organizations to receive my information will be my insurance company and the treating hospital, in compliance with Federal HIPPA laws.

SIGNATURE X \_\_\_\_\_  
 Head of Household

For Office Use Only

Check No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_