



Rehoboth Ambulance Committee, Inc

PO Box 156
Rehoboth, MA 02769

Dear Friends and Neighbors,

The Rehoboth Ambulance Committee, Inc. would like to take this opportunity to introduce a new program called a subscription service that may result in lowering out of pocket cost for medical transport.

The subscription service is available to all residents of the Town of Rehoboth as a means of reducing, or in some cases, eliminating out of pocket expenses related to emergency ambulance transportation. The yearly subscription covers all emergency medical transportation provided by Rehoboth Ambulance to area hospitals. The annual period will run from January 1, 2020 or upon receipt of payment (whichever is later) and will end on December 31, 2020.

The annual subscription costs \$75.00 and covers all members residing at the household who are listed on the information sheet for unlimited use during the subscription period. In order to participate, you must have existing health insurance. Unfortunately, at this time, Medicaid subscribers are not eligible to participate.

As a subscriber in the program, Rehoboth Ambulance agrees to accept as payment in full any payments made by your insurance carrier. You will not receive a bill for any co-insurance or co-pay amounts. Where annual deductibles have not yet been met, Rehoboth Ambulance will reduce the amount owed by 50%. As a subscriber in the program, you agree to pay any reduced deductible payments. In the event that you receive payment from your insurance company, you agree to promptly forward the payment to Rehoboth Ambulance. In the event your Insurance Carrier does not cover the transport, or reimburses at a less than standard rate, you agree to work with Rehoboth Ambulance to appeal the decision to the insurance carrier.

All money collected through the subscription program is immediately invested by Rehoboth Ambulance to improve the levels of service provided by the Ambulance to the Town of Rehoboth.

If you would like to subscribe to the program, please complete and return the attached information sheet. Please visit our website at www.rehobothambulance.org for more information. Should you have any questions, please contact Reuben Fischman at rfischman@rehobothambulance.org or 508-252-2318

On behalf of the members and officers of the Rehoboth Ambulance Committee,

Scott Meagher
Chairman

Reuben Fischman
Vice Chairman

Jenna Shepherd
Secretary

Sharon Estrella
Treasurer



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Please complete the following information and return with your payment of \$75.00 and copies of all insurance cards to:

**Rehoboth Ambulance
C/O Coastal Medical Billing
9 Main Street, Suite 2K
Sutton, MA 01590**

Your Name:	_____	Date of Birth	_____
Street Address:	_____	City, State Ziip	_____
Primary Insurance	_____	Secondary	_____
Name and Member	_____	Insurance Name	_____
Number	_____	and Member	_____
		Number	_____

Names of Other Family Members Residing at Same Address

Name	_____	Insurance Name and Number	_____
Name	_____	Insurance Name and Number	_____
Name	_____	Insurance Name and Number	_____
Name	_____	Insurance Name and Number	_____
Name	_____	Insurance Name and Number	_____
Name	_____	Insurance Name and Number	_____
Name	_____	Insurance Name and Number	_____
Name	_____	Insurance Name and Number	_____

Please remember to attach copies of all insurance cards