



Dear Friends and Neighbors,

The Rehoboth Ambulance Committee, Inc. would like to take this opportunity to inform you that we will be continuing the 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 subscription covers all emergency medical transportation provided by Rehoboth Ambulance to area hospitals. The annual period will run from July 1, 2022 or upon receipt of payment (whichever is later) and will end on December 31, 2023.

The annual subscription costs \$125.00 and covers all members residing in the household who are listed on the information sheet for unlimited use during the subscription period. 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. Should you have any questions, please contact Jenna Shepherd at secretary@rehobothambulance.org or 508-252-2318

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

Scott Meagher Chairman

Steven Przeszlo Vice Chairman

Jenna Przeszlo Secretary

Sharon Estrella Treasurer

Phone: 508-252-2318

Fax: 508-463-0842



Please complete the following information and return with your payment of \$125.00 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, Zip:	_____
Primary Insurance:	_____	Secondary Insurance:	_____
Primary Insurance Member Number:	_____	Secondary Insurance Member Number:	_____

Names of Other Family Members Residing at Same Address

Name:	_____	Insurance Name:	_____
		Insurance Member Number:	_____
Name:	_____	Insurance Name:	_____
		Insurance Member Number:	_____
Name:	_____	Insurance Name:	_____
		Insurance Member Number:	_____
Name:	_____	Insurance Name:	_____
		Insurance Member Number:	_____
Name:	_____	Insurance Name:	_____
		Insurance Member Number:	_____

Please remember to attach copies of all insurance cards