



2026 AMBULANCE SUBSCRIPTION

FINANCIAL PEACE OF MIND WHEN YOU NEED IT MOST

135 TEGAWITHA ROAD
TOBYHANNA, PA 18466



Dear Neighbor,

Last year, PMREMS responded to over 7000 emergency calls, showing an increasing need for our services. As call volume increases, so do operating costs which include building and vehicle maintenance, equipment purchases, and training classes for our medical professionals. **To help offset these costs and continue to give the quality of care you deserve, we turn to our community for help.** You can take advantage of the subscription benefits by completing the tear off portion below and returning it with payment or you can **join online by visiting: pmrems.org/subscriptions.**



Thank you for your continued support—we couldn't do this without you!

The staff at Pocono Mt. Regional EMS



Why should I join? June 1, 2026 to May 31, 2027 Subscription

YOUR SUBSCRIPTION:

- Covers you and your household members
- Includes unlimited medically necessary 911 transports
- PMREMS bills your insurance directly
- No co-pay or deductible; no billing for uninsured portions
- Accepted by ambulance services providing mutual aid to PMREMS

WITHOUT THE SUBSCRIPTION:

- You'll be billed for the portion not covered by insurance that could amount to hundreds of dollars

SCAN



Point your mobile device's camera at the QR code and click the link that appears

Your Account Number:



RECEIVED



2026 AMBULANCE SUBSCRIPTION POCONO MT. REGIONAL EMS



13440

Please complete and make any corrections below:

*RETURN THIS PORTION WITH PAYMENT TO
PMREMS 135 TEGAWITHA ROAD, TOBYHANNA, PA 18466*

Name: _____

Mailing Address: _____

Physical Pocono Address: _____
(if different from mailing address)

Email: _____

Cell Phone #: _____

Select Your Area:

- Barrett Township
- Coolbaugh Township
- Mount Pocono Borough
- Paradise Township
- Price Township
- Tobyhanna Township
- Tunkhannock Township

Payment Information:

\$85 Ambulance Subscription

Optional Donation: \$ _____

Total Contribution: \$ _____

Check #: _____

Make check payable to:
Pocono Mountain Regional EMS



KEEP FOR YOUR RECORDS



2026
Pocono Mt. Regional EMS
Ambulance Subscription

NAME

CHECK #

DATE

VALID:
June 1, 2026 to May 31, 2027



7187 V2

A Note to Medicare Beneficiaries

Medicare pays 80% of their fee schedule leaving the patient responsible for a 20% balance. Medicare beneficiaries may still be billed for co-payments & deductible if required by law.

Disclaimer

This subscription program is not a contract for the provision of ambulance services. A mutual aid ambulance service may respond when our ambulance service is unavailable. This is not a solicitation for the offer or sale of an insurance product. The terms and conditions of this subscription program are subject to change without prior notice. Medicare beneficiaries may still be billed for co-payments and deductibles if required by law. Medicaid beneficiaries are not eligible to participate in PMREMS's subscription program. All subscriptions are subject to acceptance by PMREMS and may be canceled or revoked at PMREMS's sole discretion. The subscriber acknowledges that PMREMS will bill available third party insurance for services rendered and agrees to remit any third party insurance payments received directly by the subscriber for ambulance services provided by PMREMS to PMREMS.

Transportation as part of this Subscription covers Emergency Ambulance Services. Emergency Services are generated through the 911 system. Ambulance transportation of an emergency nature is limited to emergency ambulance transport to the closest appropriate medical facility and is deemed to be "medically necessary" by the applicable insurance plan in which the subscriber is enrolled. The official registration and financial information of Pocono Mountain Regional EMS may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Payment Liabilities Not Covered Under the Subscription

Insurance pays for ambulance transportation in accordance with the terms of your policy. In certain situations, a subscriber may be financially responsible for payment for ambulance transportation that is not covered by your insurance, and you may not be advised of this non-coverage at the time of your transport. In cases where the transport is not medically necessary, you are uninsured, or where you were able to take another form of transportation, you will be financially responsible for the charge imposed by PMREMS, less a discount to be determined periodically by PMREMS.



RETURN THIS COMPLETED PORTION WITH PAYMENT.

Please list all family members living in your household by first/last name:

I apply for membership in the Subscription Program of PMREMS. I agree to the terms and conditions of the Subscription Program described above. I verify that I am not a Medicaid beneficiary. I request that payment of authorized Medicare or any other insurance benefits be made on my behalf to PMREMS for any ambulance services provided to me by PMREMS now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by PMREMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to PMREMS any payments that I receive directly from my insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to PMREMS. I authorize PMREMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to PMREMS, its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by PMREMS, now, in the past, or in the future. A copy of this form is as valid as an original.

Signature

Date