

Help, I Need An Ambulance!

Imagine . . . you're hurt, possibly unconscious, and need an ambulance. We hope it doesn't, but it *could* happen to you. EmergyCare Inc. provides emergency medical care and ambulance transport in the City of Erie, Erie County, Titusville, Corry, Warren, and Kane. The EMTs and Paramedics of EmergyCare are highly trained - and they care what happens to you. When you need us in an emergency, we will be there in *minutes!*

How Does An EmergyCare Membership Work?

If you have an emergency and use our services, EmergyCare will bill your insurance provider and accept your insurance payment "as payment in full". You will have no out of pocket expense!

Do I Have to Pay the Rest of the Bill?

Yes, the amount your insurance company does not pay comes out of your pocket – **unless you're a member of EmergyCare!** If you become a member of EmergyCare, you will owe nothing - whatever your insurance company pays will be accepted as payment in full.

EmergyCare Membership - Is It Insurance?

No, membership in EmergyCare is not an insurance plan. Instead, think of it as an assurance plan. Membership is assurance for you, EmergyCare, and area residents. You're assured of no additional costs if you need emergency medical services.

What Does Membership Cost?

We invite you to join EmergyCare at a special discounted rate of only \$25 per year, which you will pay nothing additional for ambulance services than what your insurance pays from the date that you sign up until that date of the following year. For example, if you send in payment on July 1, 2018, you will receive full ambulance services until July 1, 2019. You will pay nothing more throughout the year.

How Do I Join?

Fill out and return the bottom portion of this flyer with your \$25 payment. **Make checks payable to EmergyCare, Inc.** If you have questions, please call our membership hotline number at (814) 870-9999.

EmergyCare Student Membership

Name _____ College _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Social Security No. _____ Birth Date _____

Payment Method: Check _____ Money Order _____ MasterCard _____ Visa _____
Credit Card No. _____ Expiration Date _____

Signature _____

Send check and application to: EmergyCare, Inc., 1926 Peach Street, Erie, PA 16502