

# New Holland Ambulance

Dear Friends and Neighbors,

New Holland Ambulance Association Inc. is a non-profit, volunteer lead service. Your annual subscription enables us to provide emergency medical service to you and your neighbors. Our Ambulances are on duty at all times to serve you and your family. Our crews consist of state certified paid and volunteer professionals, most of whom are your neighbors. Our ambulances are equipped with the latest state-of-the-art equipment that meets or exceeds all state requirements.

**Annual Subscription Fees are Low.**  
**Only \$65 for single individuals and \$85 for a household.**

For that price, any emergency transport to the hospital by New Holland Ambulance from your residence is covered by your membership. With the

membership, the payment received from your insurance carrier(s) will be accepted as payment in full by New Holland Ambulance. Hospital destinations included in this program are:

Wellspan Ephrata Community Hospital, Penn Medicine Lancaster General Hospital, UPMC of Lititz, Womens and Babies, Penn State Health of Lancaster, Reading Hospital and Medical Center.

New Holland Ambulance Association only covers emergency ambulance services from your residence. This subscription program does not cover any non-emergency ambulance service or wheelchair service. In certain situations, a subscriber may be responsible for ambulance transportation that is not covered by your insurance and you may not be advised of this non-coverage at the time of

you transport. You may be financially responsible for charges imposed by New Holland Ambulance where transport is not medically necessary, you are uninsured, or you were able to take another form of transportation.



Those covered by subscription residing in your home:

Primary Subscription Holder:



**Subscription starts  
January 1, 2024  
Expires  
December 31, 2024**

Cost of an average ambulance bill	\$1,500.00
Average Insurance Reimbursement	\$600.00
Balance due New Holland Ambulance	\$900.00
<b>Subscriber pays</b>	<b>\$0.00</b>
<b>Non-Subscriber pays</b>	<b>\$900.00</b>



**PAY ONLINE!**

Your subscription can be paid online by going to [newhollandambulance.com](http://newhollandambulance.com) or scan the QR Code.



**2024 SUBSCRIPTION RECEIPT**

Check No. \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

**THANK YOU FOR YOUR CONTRIBUTION!  
NEW HOLLAND AMBULANCE  
FOR QUESTIONS OR MORE INFORMATION,  
PLEASE CALL 717-354-6945 Ext. 1**



**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. Medicare beneficiaries may still be billed for copayments and deductibles if required by law. All subscriptions are subject to acceptance by New Holland Ambulance Association and may be canceled or revoked at any time at New Holland Ambulance Association's sole discretion. The subscriber acknowledges that New Holland Ambulance Association will bill available third party insurance for services rendered and agrees to remit to New Holland Ambulance Association any third party insurance payments received directly by the subscriber for ambulance services provided by New Holland Ambulance Association. I apply for membership in the subscription of New Holland Ambulance Association. I agree to the terms and conditions of the subscription program described above. I request payment from Medicare or any other insurance benefits to be made on my behalf to New Holland Ambulance Association for any ambulance services provided to me by New Holland Ambulance Association now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by New Holland Ambulance Association, regardless of my insurance coverage, and in some cases, I may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to New Holland Ambulance Association 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 New Holland Ambulance Association. I authorize New Holland Ambulance Association to appeal payment denials or other adverse actions on my behalf without further authorization and direct any holder of medical information or other relevant documentation about me to release such information to New Holland Ambulance Association, its billing agents, the Centers of Medicare and Medicaid Services, and/or any other payer 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 New Holland Ambulance Association now, in the past, or in the future. A copy of this form is valid as an original.

The official registration and financial information of New Holland Ambulance Association may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Detach and return this portion with your donation

**New Holland Ambulance**

Please circle amount of contribution in boxes below.

INDIVIDUAL	HOUSEHOLD	OTHER
<b>\$65.00</b>	<b>\$85.00</b>	\$ _____

Make checks payable to New Holland Ambulance

RESIDENT  
OR CURRENT RESIDENT  
333 Wheat Ridge Dr.  
Ephrata PA 17522



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Your subscription can be paid online by going to [newhollandambulance.com](http://newhollandambulance.com) or scan the QR Code.



Kindly change name/address as indicated on envelope.