

SUBSCRIPTION STARTS
January 1, 2026

EXPIRES
December 31, 2026

Cost of an average ambulance bill	\$1,500.00
Average Insurance Reimbursement	\$600.00
Balance due New Holland Ambulance	\$900.00

Subscriber pays	\$0.00
Non-Subscriber pays	\$900.00

PAY ONLINE!

Your subscription can be paid online by going to newhollandambulance.com or scanning the QR Code.



2026 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

New Holland Ambulance

Dear Friends and Neighbors,

New Holland Ambulance Association Inc. is a non-profit, volunteer led 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 your 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.



New Holland Ambulance

Frequently Asked Questions

When does the membership run through?

The paid membership goes on a yearly basis, January 1, to December 31. It does not run from the month of purchase to the next year.

Do I automatically renew for next year?

In November / December, we will mail out a new form and document for the year.

What happens if I move?

The paid subscription will follow you if you move within the New Holland Ambulance coverage area, just call our business office at 717-354-6945 to make the change to your account. If you move outside of the New Holland Ambulance coverage area, most likely the new ambulance service that now covers you, will not accept our membership and you will have to decide if you want to purchase their subscription.

The form has a previous resident's name on it, do I need another form?

No, all you need to do is cross out the previous resident's name and document the new occupant's name(s) and we will update it on our end.

I just moved into the New Holland ambulance coverage area midway through the membership year. Do you prorate the cost of the membership?

Unfortunately, no. The cost is the same regardless of when the membership is paid during the year.

I used your ambulance, but I did not pay my membership yet. What happens now?

Please call our business office at 717-354-6945 and we will discuss your case and options with you.

Do you accept credit cards to pay for the membership?

Currently we only accept cash or check by mail, however the QR code located on the front will redirect you to an online payment option.

Do I need to show proof that I am a member when I am transported to the hospital?

No. Our number one priority is treating you or your family member. We do not need proof that you are a member. We maintain a database that our billing company has access to and is cross referenced to determine your membership status at the time of transport.

I was outside of New Holland Ambulance's coverage area and a different ambulance service took me to the hospital. Does my membership cover that ambulance transport?

It would be up to each individual ambulance service to determine if they want to accept your membership with New Holland Ambulance or not.

What happens if I give birth, or a family member dies during the year? Do I need to update that information on our record?

Yes, the more information we have on file, the better. Please feel free to call our business office at 717-354-6945 to make changes to residents living at the covered address.

I live on the border of two different ambulance services. Am I able to pay for subscriptions for both ambulance services?

Yes, you may join more than one ambulance service.



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 cancelled 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.