Third Party Billing Information

Q. WHO IS THE "THIRD PARTY"?
A. You are considered the first party. The Ambulance Squad is the second party. Your Insurance Company or Medicare is the Third Party.

Q. WHAT IS THIRD PARTY BILLING?
A. It is the most common way doctors, hospitals and ambulance organizations are paid for services rendered to people like yourself. In most cases, insurance companies reimburse up to 80% of charges for services.

Q. WHAT IS THE ADVANTAGE OF BEING A MEMBER?
A. Your subscription membership takes care of any amount due which your insurance company does not cover, once your deductible and co-pay is met. If Medicare deems your ambulance transportation not medically necessary, you are responsible for filing an appeal. If the appeal is denied, as a member you will be responsible for the Medicare allowable amount. If you receive payment for services provided by Warrington Community Ambulance Corps directly from your insurance carrier, you must forward that payment in the same amount immediately to Warrington Community Ambulance Corps for payment of services rendered. If this is not done you will be held responsible for all outstanding balances.

Q. HOW DOES THIRD PARTY BILLING WORK?
A. Everytime one of our subscribers uses the ambulance, we will submit a bill directly to the insurance company or Medicare. By obtaining funds this way, we will be able to keep the subscription rate low and still provide the highest quality emergency ambulance service. Warrington Community Ambulance Corps responds only to 911 calls. We are not a transport company.

Mission Statement

The Warrington Community Ambulance Corps (WCAC), provides Basic and Advanced Life Support patient services to the residents of our community in accordance with Act 45, the Standard Operating Guidelines and By-Laws of this organization. All patients are treated equally, with professionalism and respect, regardless of race, religion, sex, sexual orientation, national origin, age, creed, nature of illness or ability to pay for services rendered. We provide these services with professionally trained and certified career and volunteer personnel working together as a team with patients, family members, police and other medical and emergency service providers.
Dear Neighbor,

Warrington Community Ambulance Corps, Inc. is a Pennsylvania Non-Profit Corporation organized in 1971 to provide Emergency Medical Services to Warrington Township and the surrounding communities.

Our ability to operate depends on being reimbursed for each call. If you need 911 service and WCAC responds to your call and transports, your membership will take care of the unpaid balance after insurance payments, deductibles and co-pays are met.

As a non-profit organization, your membership helps ensure that we are able to continue to provide this emergency service to our community. As with every business and household, equipment and supplies need to be updated and replaced. Membership funds are utilized to purchase and update our equipment.

Help us Help You - By becoming a Warrington Community Ambulance Corps subscriber, you not only support our ability to provide emergency services, you also protect yourself from being billed for the costs that are not covered by insurance.

Our Board of Directors, Staff and Volunteers would like to thank you for your continued support.

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

Emergencies
DIAL 911

WARRINGTON COMMUNITY AMBULANCE CORPS
1140 Easton Road • Warrington, PA 18976

HELP US, HELP YOU...

WARRINGTON COMMUNITY AMBULANCE CORPS

Check Amount of Subscription & Return This Portion

☐ Individual - $50.00  ☐ Over 65 Single Sr. Citizen - $35.00
☐ Family - $75.00  ☐ Over 65 Couple Sr. Citizen - $45.00
☐ Business - $150.00
☐ Other $________
☐ Check Enclosed

Make checks payable to Warrington Community Ambulance Corps

FAMILY MEMBERSHIPS PLEASE COMPLETE BACK OF FORM

REFERENCE NUMBER

Please return this portion with your payment.
If requesting a Family Membership, please list all family members residing in your home and their Date of Birth:

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