

FIRST AID AND SAFETY PATROL - AMBULANCE - PARAMEDIC

FIRST AID & SAFETY PATROL

2010 Renewal

Subscription Card

EMERGENCY DIAL 911

For billing inquiries and general information,
call: 272-1234 x100

Check No. _____ Date _____

Expires December 31, 2010

Detach and retain for your records

This is not a receipt

Membership for 911 Accessed Emergencies only

Member responsible for all deductibles

and co-pays (Insurance Regulation)



FIRST AID & SAFETY PATROL 2010 PARAMEDIC - AMBULANCE

RENEWAL CARD - EXPIRES December 31, 2010

PLEASE PRINT AND FILL IN REVERSE OF CARD

NAME _____ PHONE _____

MAILING ADDRESS _____ APT _____

CITY _____ TWP _____ ZIP _____

Family Subscription \$55.00

Individual Subscription \$45.00

Adult Dependents (except spouse) \$15.00

Visa MasterCard

Name on Card _____

Card # _____

Exp. Date _____

Signature _____

Make check payable to:

First Aid & Safety Patrol

PO Box 108

Lebanon, PA 17042-0108

CHOOSE APPROPRIATE RATE

Subscription Rate \$ _____

Donation \$ _____

Total Enclosed \$ _____

Cut Here

FIRST AID AND SAFETY PATROL

First Aid & Safety Patrol reserves the right to any available
third party benefits.

Please list qualifying dependants residing in your home.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Health Insurance Company _____

ID# _____ Group# _____

Life Time Authorization

I authorize payment benefits be made to me or on my behalf to First Aid and Safety Patrol. I authorize the release of medical or other information to the fiscal agent or to First Aid and Safety Patrol, as needed to determine benefits payable for service.

Signature _____ Date _____

Family subscription includes husband, wife, and children under 18 years of age.

Fill in subscription form, detach and mail with your check to:

First Aid & Safety Patrol, Inc. - PO Box 108, Lebanon, PA 17042

NON-PROFIT ORG
U.S. POSTAGE
PAID
LEBANON, PA
PERMIT NO. 33

Return Service Requested