

# AMBULANCE - PARAMEDIC

## 2024 Subscription Card EMERGENCY DIAL 911

For billing inquiries and general information,  
call: 717-272-1234

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

Expires December 31, 2024

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 2024 PARAMEDIC - AMBULANCE MEMBERSHIP CARD - EXPIRES December 31, 2024 PLEASE PRINT AND FILL IN REVERSE OF CARD

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ TWP \_\_\_\_\_ ZIP \_\_\_\_\_

Cut Here

Family Subscription \$60.00  
Individual Subscription \$50.00  
Adult Dependents (except spouse) \$20.00

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 \$ \_\_\_\_\_

## FIRST AID AND SAFETY PATROL

PO Box 108, Lebanon, PA 17042

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

Please list qualifying dependents residing in your home.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Return Service Requested

#### 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