

How to Enroll

Complete the EMS
Subscription Service
Application, including
Assignment of Benefits
(please print or type). Mail
the completed application and
your check or money order in
the amount of \$60 to:

City of Suffolk EMS
Subscription Program
PO Box 1858
Suffolk, VA 23439

After your application is
processed, your canceled
check will serve as your
receipt confirming your
enrollment in the subscription
program. For assistance
please call Suffolk Fire and
Rescue at (757) 514-4550.

City of Suffolk
EMS Subscription Program
PO Box 1858
Suffolk, VA 23439
(757) 514-7550



EMS PASSPORT A SUBSCRIPTION SERVICE APPLICATION

Part of the Emergency Medical Services
Revenue Recovery Program

What is the EMS Subscription Service?

The **EMS Subscription Service** is a program to help citizens and those who work in the City defray out-of-pocket expenses, such as health insurance co-payments and deductibles, when they need emergency ambulance transportation. On September 1, 2006 the City of Suffolk, as well as Nansemond Suffolk Volunteer Rescue Squad, began charging for emergency ambulance transportation as part of the City's EMS Revenue Recovery Program. Subscribers will not be charged for transportation services. Potential subscribers should check with their health insurance carrier to determine if the program is right for them.

For \$60 a year, a subscriber may enroll all members of his or her household. A subscription covers individuals listed on the application form, who reside at the listed address. A residential subscription also includes family members of the subscriber listed on the application, who reside in assisted-living or nursing facilities located in the City.

Part 1: APPLICANT				
Last Name	First Name	MI.	Social Security Number	Date of Birth
Street Address				
City		State	Zip Code	Telephone Number
Part 2: ADDITIONAL RESIDENTS AT THIS ADDRESS; FAMILY IN NURSING HOMES, ETC.				
Last Name	First Name	MI.	Social Security Number	Date of Birth
Last Name	First Name	MI.	Social Security Number	Date of Birth
Last Name	First Name	MI.	Social Security Number	Date of Birth
Last Name	First Name	MI.	Social Security Number	Date of Birth

Note: Applicants who are eligible to subscribe individually as students or workers at City businesses should complete only Part 1.

BILLING AUTHORIZATION/RESPONSIBILITY FOR PAYMENT

I understand that I am financially responsible for the services provided to me by Suffolk Fire & Rescue (SFR) and Nansemond Suffolk Volunteer Rescue Squad (NSVRS) regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the City of Suffolk or its billing agent for any services provided to me by SFR and or NSVRS. I authorize and direct any holder of medical information or documentation about me to release to the Center for Medicare and Medicaid Services or its successors and its carriers and agents, as well as to the City of Suffolk and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by SFR and or NSVRS, now or in the future. I agree to immediately remit to the City of Suffolk any payments that I receive directly from any source

Signature _____

Date _____

Please make your check or money order payable to the City of Suffolk and mail to:

P.O. Box 1858

Suffolk, VA 23439