

MACUNGIE



NONPROFIT ORGANIZATION
U.S. Postage PAID
PERMIT NO. 761
LEHIGH VALLEY, PA

AMBULANCE CORPS.

5550 N. Walnut Street • P.O. Box 100 • Macungie, PA 18062 • www.macamb.org



Postmaster please deliver by 10/9/2020

2021 Ambulance Subscription

Macungie Ambulance Corps is the nonprofit organization providing emergency medical services to...

Albutis Borough Lower Macungie Township Lower Milford Township Macungie Borough Upper Milford Township

Last year we responded to nearly 4,000 emergency calls for service. This year the ongoing pandemic has caused unprecedented challenges. Your subscriptions and donations will make a difference!

If you are receiving this letter at your home or business, you live or work in an area we respond to!

HOW DOES THE SUBSCRIPTION PROGRAM WORK?

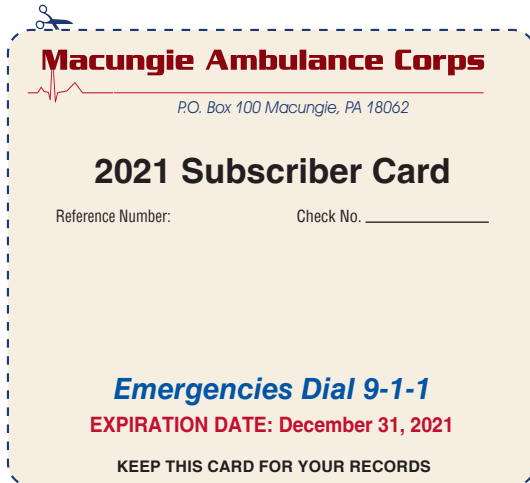
If you are a subscriber...your insurance company's payment will be accepted by Macungie Ambulance Corps as payment in full (after all deductibles have been met). If you are not a subscriber, you will be responsible for any balance left after the insurance payment.

If you are a subscriber...and do not have insurance, you will receive a discount on the fee for emergency ambulance service. If you are not a subscriber, you will be required to pay the full amount.

Reminder: Subscriptions will not be retroactive or pro-rated.

Be sure to complete, detach and mail the form with your subscription payment. **Subscribers must remit any insurance checks received for services rendered by us immediately upon receipt.**

If you utilize our service, we will bill your insurance company, whether you are, or are not a subscriber. (The program is applicable only to medically necessary transports.)



The official registration and financial information of Macungie 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.

Have Questions? Call us at 610-966-2601

Choice Marketing, Inc. © 2021 -Orig

Detach and return the below portion with your check and fill out the reverse side information.

MACUNGIE AMBULANCE CORPS

2021 Subscription Request

Please check or circle the amount enclosed

Single (Under 65)	Senior (65 or Over)	Senior Couple (65 or Over)	Household (2 or more)	Business (1-15 Emp.)	Business (15+ Emp.)	Additional Donation
\$40	\$35	\$50	\$60	\$150	\$400	\$_____

Please make checks payable to Macungie Ambulance Corps. Subscription form can also be completed online at www.macamb.org.



Card No.: _____

Expiration Date: ____/____

Security Code: _____

Total: _____

Signature: _____

Reference No. _____

Macungie Ambulance Corps

2021 Subscription Request

Last Name

First Name

Age

Address

PO Box

City

State

Zip

Phone