

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

2024 Ambulance Subscription

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

Alburtis Borough
 Lower Macungie Township
 Lower Milford Township
 Macungie Borough
 Upper Milford Township

Last year we responded to over 4,500 emergency calls for service. If you are receiving this letter at your home or business, you live or work in an area we respond to!

We need your help! Increasing costs are challenging emergency responders throughout the nation. As an example, the cost of an ambulance has increased by over \$ 60,000 in just the last two years!

HOW DOES THE SUBSCRIPTION PROGRAM WORK?

In an emergency; always Dial 911. An ambulance will respond regardless of your subscription status.

For subscribers... the insurance company's payment will be accepted by Macungie Ambulance Corps as payment in full (after all deductibles have been met). For non-subscribers, the patient will be responsible for the balance left after any insurance payment.

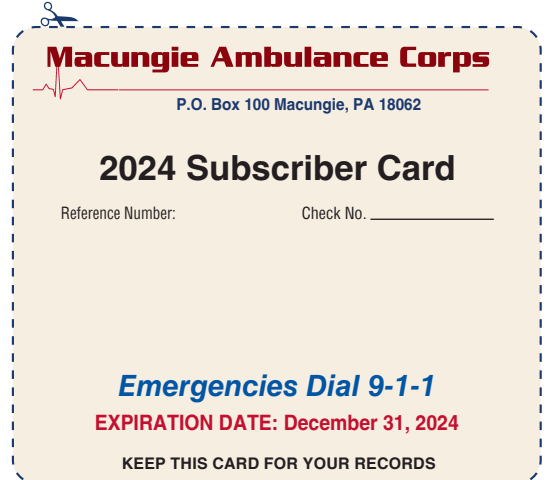
Subscribers will receive a discount if their insurance does not cover the service provided or if the subscriber does not have insurance. Non-subscribers will be required to pay the full amount.

REMINDER: SUBSCRIPTIONS WILL NOT BE RETROACTIVE OR PRO-RATED.

Be sure to complete, detach and mail the form with your subscription payment. If you utilize our service, we will bill your insurance company whether you are, or are not, a subscriber. Sometimes, insurance companies send payment for ambulance services directly to the patient. **Patients must remit any insurance checks received for services rendered by us immediately upon receipt.** (*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



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

MACUNGIE AMBULANCE CORPS

2024 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
\$50	\$40	\$55	\$70	\$165	\$450	\$ _____

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



MACUNGIE AMBULANCE CORPS
PO BOX 100
MACUNGIE PA 18062-0100



Card No.: _____

Expiration Date: ____ / ____

Security Code: ____ - ____ - ____

Total: _____

Signature: _____

Reference No. _____



Macungie Ambulance Corps

2024 Subscription Request

Last Name _____ First Name _____ Age _____

Address _____

PO Box _____

City _____ State _____ Zip _____

Phone _____