



**WARWICK COMMUNITY AMBULANCE ASSOCIATION, INC.**

151 North Lane PO Box 42 Lititz, PA 17543

Tel: 717-627-0143 Fax: 717-627-0728

www.warwickems.org

**Yearly Online Subscription Form**

*(Subscription goes from June 1-May 31 every year. You may receive a form in the mail during the campaign. You only need to return one form!)*

NAME: \_\_\_\_\_ Subscription Rate: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Donation (Optional): \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ Total Enclosed: \_\_\_\_\_

<b>RATES:</b>	Individual	\$60	Check No:	_____
	Couple	\$70	Credit Card Info:	_____
	Family	\$80		(Exp. Date ___ / ___)
	Sr. Individual	\$50		

**Print, sign and return this completed form with payment**

Please list all family members residing in your home. Please print all names.  
Membership is limited to 5 members of a household, \$10.00 per additional members.

_____	_____
_____	_____
_____	_____

Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Authorization**

I understand that I am financially responsible for the services provided to me by Warwick Community Ambulance Association. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to Warwick Community Ambulance Association or its billing agent for any services provided to me by the Centers for Medicare and Medicaid Services and its carriers and agents, as well as Warwick Community Ambulance Association and its billing agents. Permission is granted to access any information or documentation needed to determine these benefits or benefits payable for any services provided to me by Warwick Community Ambulance Association, both now or in the future. A copy of this form is as valid as the original. I also agree to immediately remit to Warwick Community Ambulance Association any payments that I receive directly from any source for the services provided to me. If indicated above I authorize Warwick Community Ambulance Association to charge the total amount of my subscription payment to my credit card account.

Signature: \_\_\_\_\_ (Date): \_\_\_\_\_  
Head of Household or Credit Card Holder (If Applicable)

"The official registration and financial information of Warwick Community Ambulance Association may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement."