



American Patient Transport Systems, Inc.

P.O. Box 652 • Hazleton, Pennsylvania 18201 • aptsems.com



### 2018 – 2019 Membership Program

Dear Resident,

Enclosed, you will find your APTS Ambulance membership renewal application for 2018-2019. Your paid membership allows us to continue to provide emergency medical care 24 hours a day, 7 days a week.

We are the leading provider of emergency and non-emergency ambulance service in the Hazleton Area. Our dedicated staff of Emergency Medical Professionals assists over 15,000 residents annually.

APTS is the primary Advance Life Support/Basic Life Support provider for the City of Hazleton, Hazle Township, Beaver Meadows, West Hazleton Borough & East Union Township. We also serve as the primary ALS provider for the Boroughs of Freeland, Weatherly, White Haven and McAdoo as well as Foster, Kline, Dennison, Banks, Ryan and Rush Townships. We are proud to assist the Freeland, McAdoo, Nuremberg, Weatherly, White Haven, Ryan Township, and Valley Regional Volunteer Ambulance Associations in these areas. If you live in these municipalities, we encourage you to join their associations as you will be covered if we respond.

Protect yourself and your family today! Please complete the application on the bottom of the page and return it with your payment.

Respectfully,

APTS Ambulance

#### What is the benefit of your membership?

- Medicare and commercial insurances typically do not pay 100% for an emergency ambulance call. However, we by law, we are required to bill you for the balance owed unless you are a member of APTS. If you are a member, Medicare and commercial insurance carriers allow us not to bill you for the difference. Thus, as a member, you will have no out of pocket expense.
- Your paid membership helps us to purchase new ambulances, keep up with preventative maintenance of our ambulances and continue to purchase necessary lifesaving equipment to protect you and your loved ones.
- Your paid membership allows us to employ and staff our ambulances with highly skilled and well trained Paramedics and Emergency Medical Technicians.
- Your paid membership also permits us to provide continuing education for our staff to maintain and enhance their skills needed to care for you and your loved ones.

Please detach and return this form. Thank you for your continued support.

## 2018 - 2019 Membership Program

### Membership Rates

Single - \$45.00  
 Family - \$70.00  
 Senior Individual (65+) - \$40.00  
 Senior Household (Everyone must be 65+) - \$55.00

Please complete the following:

Membership Rate: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

Please make checks payable to: APTS

Mail to:

APTS Membership  
 PO Box 652  
 Hazleton, PA 18201

Member Number:

Please make necessary corrections to name and address.



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**EMERGENCY 911**  
Non-Emergency **570-459-6622**

**Membership Valid:**  
**March 1, 2018 – February 28, 2019**

**Retain This Card**

**Member Number:**

**PLEASE COMPLETE THE BACK OF THIS FORM**

# FREQUENTLY ASKED MEMBERSHIP QUESTIONS

## Q. Why should I become a member?

A. Your membership assures that American Patient Transport Systems is able to staff highly trained medical professionals, maintain our fleet of ambulances and purchase necessary medical equipment to provide 24/7 emergency medical care to you and your family in the event of an emergency.

## Q. Do I need to purchase a membership if I have health insurance?

A. Yes. Your membership assures that you will not incur any unnecessary bills or medical expenses for necessary emergency ambulance service to the closest appropriate facility. Medicare and commercial insurance companies typically do not pay 100% for an emergency ambulance call. Keep in mind that we are required to bill you for the balance owed unless you are a member of APTS. As a member we are allowed to not send you a bill for any balance, co-payment or deductible. Nonmembers are responsible for full payment of all applicable charges.

## Q. If I am transported to the hospital, how does APTS get reimbursed?

A. In the event that you need emergency ambulance service, APTS will submit a bill to your insurance company. Insurance payments that we receive are then applied to your balance. Once all insurance benefits are exhausted, we write off the remaining balance if you are a member. **As a member, you will have no out of pocket expenses.**

## Q. What should I do if my insurance company sends me a check for payment of services provided by APTS Ambulance?

A. All recipients of service are required to immediately forward any and all reimbursement received to APTS Ambulance. Failure to do so will result in the immediate termination of any membership agreement and you will be held responsible for payment of all outstanding balances.

## Q. What is not covered by my membership?

- A. The following services are not covered by your membership:
- Alternative modes of non-emergency transportation such as wheelchair van or non-emergent stretcher van transports
  - Certain non-emergency ambulance transports, which are not covered by insurance
  - Any charges related to excessive mileage based solely on patient and/or physician preferences
  - Any Inter-Facility Transfer from Lehigh Valley Hospital – Hazleton to another hospital.

## Q. Who does a family/household membership cover?

A. Your family/household membership will cover anyone that has a legal residence at your home regardless of relation.



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Thank You For  
Your Support

*This membership is not valid without payment received.  
Your canceled check is your receipt.*

This membership entitles holder unlimited emergency medical service, when available, through February 28, 2019, subject to terms and conditions which are available upon request.

American Patient Transport Systems, Inc. reserves the right to submit and receive all available third party payments for ambulance services rendered to membership subscribers.

**Business Office: (570) 453-1445**  
**Membership Hotline dial Ext 2**

## Please Return This Completed Form With Payment

List all family members residing in your home. Please print all names/ages.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Primary Home Phone Number: (    ) - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: (    ) - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_