

As you may have read in newspapers over the past year, many insurance companies have changed their policies in regard to covered services. They have either cut the amount that they will reimburse Ambulance and ALS providers or deny the claim outright. The Medicare program specifically, has denied or reduced coverage that, in the past, they covered.

**WHAT DOES THIS MEAN TO YOU:**

1. Subscribers will receive medical necessity services, and we will accept what Medicare and Insurance Companies pay, as payment in full. You will not be responsible for any co-payments.
2. Non Subscribers will be responsible for all charges, co-payments, deductibles and denials.

**LET'S EXAMINE THE POSSIBILITIES:**

An ambulance call with ALS (Paramedics)

BLS Base Fee	\$	1725.00
Mileage Fee (Avg)	\$	120.00
Oxygen and Supplies	\$	90.00
ALS Fees	\$	1,500.00
	\$	3,435.00

Payment from Insurance - \$ 450.00

**AMOUNT YOU OWE:** \$ 2,985.00

(As a Nonsubscriber)

**Amount you WOULD OWE\$ 0.00**

(As a Subscriber from Shiremanstown)

*The bottom line speaks for itself.*

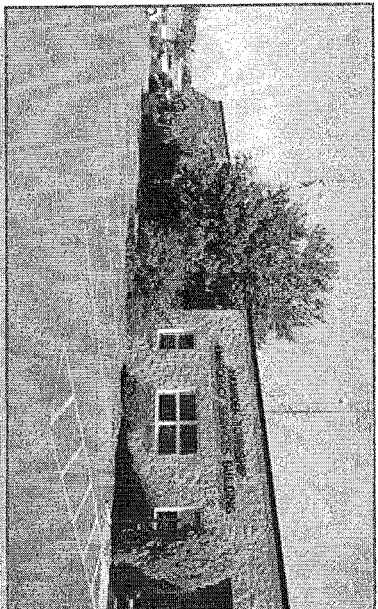
Subscribers are also subscribers of Penn State Health Life Lion LLC

*Do the right thing...*

**SUBSCRIBE TODAY!**

*Approximate Cost  
Of One Fully Equipped  
Hamden Township Ambulance  
To Help Serve Our Community...*

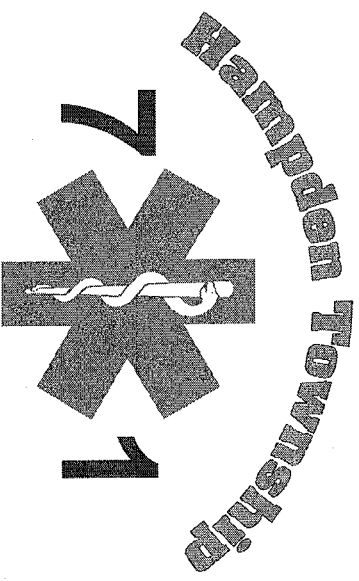
**\$350,000**



Hamden Township approved an EMS 'Non-Transport Medical Assist Fee' of \$450.00 per response for any calls which do not include transport of the patient to a medical facility regardless if medical care is rendered. This is necessitated due to the activation of the EMS crews which incurs significant cost even before services are rendered. In addition, providing non-transport medical assists makes our EMS crews unable to respond to urgent medical emergencies, thereby creating a public safety concern for the community as a whole.

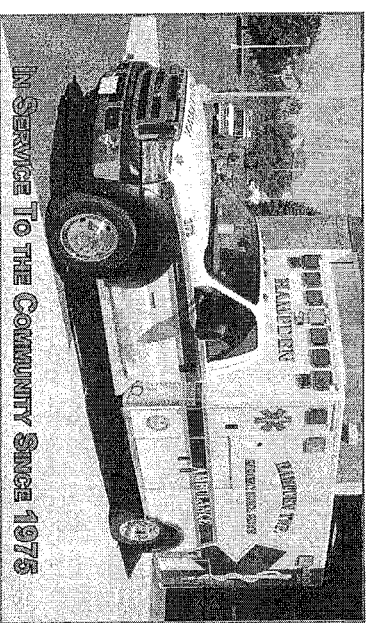
Examples of 'Non-Transport Medical Assist' services include, but are not limited to: lift assists, patient refusals, wellness checks, and all other non-transport EMS services. The 'Non-Transport Medical Assist Fee' will be invoiced to the patient's insurance company. However, if not covered by insurance or subject to deductible, it will be the patient's responsibility to pay the amount, in full. Individuals who subscribe to Hamden Township EMS WILL NOT receive a waiver of this fee and will be personally responsible for payment of the full fee if not covered by insurance.

**Shiremanstown Borough  
Residents Receive  
Primary Emergency  
Medical Services  
from  
Hamden Township EMS**



**EMS  
2025**

Valid Sept. 1, 2024 to Aug. 31, 2025  
*Subscription Drive*



**IN SERVICE TO THE COMMUNITY SINCE 1975**

## General Information

Ambulance service or Emergency Medical Services (EMS) is a vital public service. **Hamptden Township EMS provides emergency medical coverage to the residents of Shiremanstown Borough 24 hours a day, 7 days a week, 365 days a year.**

The staff includes a variety of specially trained EMS professionals who engage in many hours of continuing education. This gives them the skills to properly manage all types of medical and trauma related situations. Hamptden Township EMS is licensed by the Pennsylvania Department of Health and therefore has met the strict guidelines necessary for operation within the Commonwealth.

Hamptden Township EMS operational expenses are partially funded by Hamptden Township. However, the EMS service receives additional funding from donations and annual family/individual subscriptions.

Hamptden Township EMS depends on your annual subscription to provide a consistently high standard of around the clock emergency medical services. With your support, we can continue to improve and financially support service to all of the residents of Shiremanstown.

*Thank you for your support!*

Subscription forms will be available online at:

[www.hamptdentownship.us](http://www.hamptdentownship.us)

*Individuals must have health insurance to be eligible for Hamptden Township EMS membership. The subscription program is not applicable for Medical Assistance recipients.*

Note: Hamptden Township EMS is not affiliated with Penn State Health Life Lion LLC

**Q. WHAT SHOULD I DO IF MY INSURANCE COMPANY SENDS A CHECK TO ME FOR PAYMENT OF SERVICES PROVIDED BY HAMPTDEN TOWNSHIP EMS?**

**A.** Reimbursement checks, or payment in the same amount, must be sent immediately to Hamptden Township EMS for payment of services rendered. If this is not done, your subscription will be terminated immediately, and you will be held responsible for payment of all outstanding balances which will be pursued by an outside billing service.

**Q. WHAT IS NOT COVERED BY A SUBSCRIPTION?**

**A.** The following services **ARE NOT** covered by your subscription.

- Transports which do not meet medical necessity criteria; \*
- Any charges related to excessive mileage or other non-covered charges for transports, which are based solely on patient and/or physician preference.
- Non-transport medical assistance.

**Q. WHY SHOULD I BE A SUBSCRIBER TO EMS IF I HAVE MEDICARE OR OTHER INSURANCE?**

**A.** First, your subscription assures that you **will not** be held responsible for any additional invoices for **emergency** medical service regardless of your insurance coverage for **medical necessity services**. (Most insurance plans will not cover 100% of your EMS claim. Medicare does not cover ALS if you are not a subscriber.)  
Secondly, if no one subscribed to Hamptden EMS, there would be limited funds to purchase ambulances, or maintain them. In addition, we would not have equipment to help our EMT's provide care to our communities.

## SUBSCRIBERS CAN SAVE MONEY!

\* UNLIMITED NUMBER OF EMERGENCY CALLS THAT MEET MEDICAL NECESSITY.

### Medical Necessity

Medicare, Medicaid, as well as many commercial insurance companies require that the transport provided to the recipient meet specific criteria for medical necessity and must be a covered service. The criteria specifically requires that the patient could **not** have been safely transported by other means. Each ambulance transport is evaluated to establish whether it meets this criteria. If the transport or service does not meet medical necessity criteria or is considered non-covered, the claim, if submitted, must be submitted to the respective insurance carriers as non-covered. The patient has the right to appeal this determination by contacting their insurance carrier directly.

This covers anyone residing in your home from September 1, 2024 through August 31, 2025.

### ■ ADVANCED LIFE SUPPORT (ALS)

Forty dollars (\$40) of your membership fee is allocated for Advanced Life Support (ALS) provided by Penn State Life Lion LLC. Your membership covers the basic fees for this service, which averages \$1,500 per response.

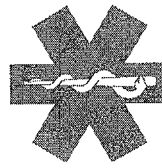
### ■ ROUTINE TRANSPORTS

This service is provided by outside agencies when there is no immediate need to have the patient transported to a medical facility. **Be advised, this service is not covered under your subscription.**

Subscriptions are valid from

September 1, 2024, or subsequent to payment of subscription, through August 31, 2025.

**For Emergencies Dial:**  
**911**



**HAMPDEN TOWNSHIP E.M.S. (Shiremanstown Residents)  
2024-2025 ANNUAL REQUEST FOR MEMBERSHIP**

— REVERSE SIDE MUST BE COMPLETED TO ACTIVATE MEMBERSHIP —

Credit card payments will be accepted by calling (717) 909-7145 during normal business hours. Credit card payments will no longer be accepted by mail.

**SELECT YOUR SUBSCRIPTION PLAN:**

- Individual \$190.00
- Two Person Household \$280.00
- Household (3 people) \$350.00
- Household (4 people) \$415.00
- Household (5 people) \$470.00
- Household (6 or more) \$75.00 for each additional individual

Total

**PLEASE PRINT YOUR NAME AND ADDRESS BELOW**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

As a reminder, non-medically necessary transports and non-transport services are not covered by your subscription. A \$450.00 fee will be assessed for non-transport services.

— TEAR HERE —

**Hampden Township E.M.S.**

209 S. Sporting Hill Road  
Mechanicsburg, PA 17050

**2024-2025  
SUBSCRIPTION RECEIPT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Expires August 31, 2025  
RETAIN THIS PORTION

