

**LIST THE HOUSEHOLD MEMBERS
TO BE COVERED (please print):**

If you have additional members,
please attach a separate list.

Name: _____

Date of Birth (Month, Day, Year): _____

Social Security No.: _____ - _____ - _____

Name: _____

Date of Birth (Month, Day, Year): _____

Social Security No.: _____ - _____ - _____

Name: _____

Date of Birth (Month, Day, Year): _____

Social Security No.: _____ - _____ - _____

Name: _____

Date of Birth (Month, Day, Year): _____

Social Security No.: _____ - _____ - _____

Please use the following payment options:

Stop by our office at 2615 Wilmington Road
or mail your membership and payment
in the enclosed envelope.

Please make check payable to:
NOGA Ambulance Service, Inc.

*We also accept Visa, Mastercard
or Discover in person or by phone.*

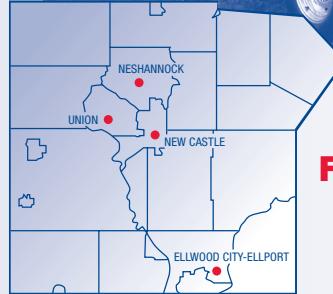
RETAIN THIS PORTION FOR YOUR RECORDS.

Please make check payable to:
NOGA Ambulance Service, Inc.

Amount Paid: _____

Date Paid: _____

Check Number: _____



**FOUR LOCATIONS
TO SERVE YOU.**



24 HOUR

EMERGENCY LINE

724-652-6677

724-752-1111

2615 Wilmington Rd., New Castle, PA 16105
1060 Butler Avenue, New Castle, PA 16101
217 Scotland Lane, New Castle, PA 16101
171 Portersville Road, Ellwood City, PA 16117

www.nogaambulance.com

*Place the enclosed sticker by your phone
or ask for Noga when you call 9-1-1*



2017

**AMBULANCE
MEMBERSHIP
RENEWAL**

NOGA
AMBULANCE SERVICE INC.

Dedicated to You...

Dedicated to Your Community

Are You Covered?

In the time of an emergency, the last thing you should worry about is whether your emergency ambulance transportation will be financially covered. Unfortunately, this is a question that is often times answered NO by many of the insurance carriers. This is why you need to be a member of Noga Ambulance Service.

Your membership affords you a 25% discount on out-of-pocket expenses for ambulance transports that are medically necessary and approved.

If you have no insurance, or your insurance does not cover ambulance service, you will receive a 25% discount with membership.*

If you choose not to purchase Medicare part-B, we consider you to have no insurance, and you will only receive a 25% discount on your bill.

To begin your membership, complete the enclosed application. Retain the card stub as your membership record. Return the application

along with the required fee to our office. Your membership will be valid upon receipt and will expire January 31, 2018.

Noga Ambulance recognizes that many of our neighbors require transportation assistance but do not meet the medical criteria for non-emergency ambulance transport. This is why we offer "Wheelchair Van" transportation to get you to and from your next medical appointment. Our van operators will assist you in and out of your home and personally accompany you to your destination. However, this service is not included in your membership.

While few insurance companies pay for this type of personalized service, Noga Ambulance recognizes your need and provides Wheelchair Van and Stretcher Van Transportation to our current members.



***EXCLUSION:** Our Membership Program does not include our PUC Wheelchair Van, Stretcher Van Services, or Non-emergent, Non-covered destinations by ambulance. (i.e. physician appointments, freestanding radiation, chemotherapy, and physical therapy). Non-covered destinations are defined by Medicare/Medicaid guidelines.

Membership Options

Individual	\$75
Family	\$100

No pro-rated membership. If you join after open enrollment, you will be charged the full membership price for the option you choose regardless of the month. We reserve the right to bill 3rd party insurance. Visit www.nogaambulance.com for more information.



2017 MEMBERSHIP RENEWAL

BOTH SIDES OF FORM MUST BE COMPLETED ENTIRELY TO ACTIVATE MEMBERSHIP.

Membership Options

- Individual \$75
- Family \$100

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Township/Municipality: _____

Phone: _____

RETAIN THIS PORTION FOR YOUR RECORDS.



Member Name: _____

EMERGENCY LINE
724-652-6677 OR 724-752-1111

BUSINESS OFFICE: 724-652-8300

EXPIRES 1-31-2018