



## **AMBULANCE SUBSCRIPTION PROGRAM SAVES RESIDENTS OF WEST COVINA OUT OF POCKET EXPENSES FOR AMBULANCE SERVICES**

The City of West Covina Fire Department is pleased to announce our Ambulance Subscription program for the residents of West Covina. The Ambulance Subscription Program is an official program of the City of West Covina.

The West Covina Fire Department offers an Ambulance Subscription Program to citizens of West Covina. The Ambulance subscription program is a program designed to allow West Covina residents protection for their families from out-of-pocket expenses related to ambulance transportation services provided by the West Covina Fire Department for all legal residents of your household.

Did you know that one ambulance transport could cost in excess of \$1200! Additionally, most insurance companies do not cover the entire cost of ambulance services. As a member of the Ambulance Subscription Program, you and the members of your household pay nothing, even if you do not have insurance.

As a subscriber of this program for less than 19¢ a day, your household will be protected from ambulance transportation fees for services provided by the West Covina Fire Department. If you have insurance, it will be billed for you, and whatever amount if paid will be accepted as full payment with no further obligation from you.

As a member of this program, all legal residents of your household are covered and pay nothing for the following services:

- Emergency Ambulance Transportation Services provided by West Covina Fire Department.
- Unlimited Usage throughout the duration of the subscription.

### Household Coverage

- For only \$70 per year.
- Protects legal residents of your household from any out-of-pocket expenses associated with the City of West Covina's ambulance transportation services.

*You will need to check with your current medical insurance company to verify if a co-pay is required.*

*If you are a Medical recipient or your medical insurance does not require you to pay a co-pay for ambulance transportation, this program would **NOT** be beneficial to you.*

If you are interested in subscribing to this program or would like more information about this program, please visit our website at [www.westcovina.org](http://www.westcovina.org) or you can request an application at any of the following locations:

- ***Any Fire Station***
- ***Senior Center***
- ***Cameron Community Center***
- ***West Covina City Hall Finance Department - 1444 W Garvey Ave. Room 308 or call (626) 939-8447***

You can enroll in the program at any time. Subscription begins the date we receive your application and expires on the last day of your anniversary month, of the following year, when the subscription became effective.

***Protect your Family . . . Join Now! Don't wait until it's too late!***



**CITY OF WEST COVINA  
FIRE DEPARTMENT  
AMBULANCE SUBSCRIPTION PROGRAM  
1444 W GARVEY AVE  
P.O. Box 1440  
WEST COVINA, CA 91793  
(626) 939-8447**

**CITY OF WEST COVINA AMBULANCE SUBSCRIPTION PROGRAM APPLICATION**

Please enroll me in the City of West Covina Ambulance Subscription Program:

Name of Subscriber: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Number of Household Members: \_\_\_\_\_

Please read and sign the subscription agreement below and return it with your check payable to:

**City of West Covina**  
ATTN: Ambulance Subscription Program  
P.O. Box 1440  
WEST COVINA, CA 91793

**City of West Covina Ambulance Subscription Program Agreement**

**READ THE STATEMENT CAREFULLY AND SIGN AND DATE APPLICATION**

I hereby apply for subscription services for myself and listed members of my immediate family who legally reside at my address within the City of West Covina and I declare that I am a resident of the City of West Covina. I understand that the \$70.00 annual fee provides ambulance (**emergency only**) service provided by the West Covina Fire Department, as often as needed. This service will be provided at no cost to subscriber's household, from the day the subscription became effective through the last day of the anniversary month, of the following year, when the subscription became effective. I also understand that the coverage is in excess of any insurance or medical benefits, which my household may have, and I authorize the release of medical information for the purpose of ambulance insurance billing only. Should a family member or I receive payment by insurance or medical benefits provides for ambulance service rendered, I will immediately forward such payment to the City of West Covina. I understand that my membership covers unpaid balances for ambulance services provided by the West Covina Fire Department. This subscription is nontransferable.

**I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THE TERMS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You will need to check with your current medical insurance company to verify if a co-pay is required.  
If you are a Medi-Cal recipient or your medical insurance does not require a co-pay for ambulance transportation, this program would not be beneficial to you.*



## **City of West Covina Ambulance Subscription Service - FAQ**

### **Q. What is the Ambulance Subscription service?**

A. The Ambulance subscription program is a program designed to allow City of West Covina residents protection for their families from out-of-pocket expenses related to emergency care provided by the City of West Covina Fire Department for all legal dependents of your household.

### **Q. How often can I use the service?**

A. The service covers you and all legal dependents of your household residing on the property as many times as emergency ambulance transportation services are needed during the year.

### **Q. Where can I use the service?**

A. The program is only offered to residents of West Covina for emergency ambulance transport services provided by the West Covina Fire Department.

### **Q. How can I apply?**

A. You can obtain an application at any of the following locations or from our website at [www.westcovina.org](http://www.westcovina.org):

1. Any West Covina Fire Station
2. Senior Center
3. Community Center
4. City Hall – Finance Department Room 308.

### **Q. What types of services are covered under this subscription?**

A. All emergency ambulance transportation to receiving hospitals provided by the City of West Covina Fire Department are covered.

### **Q. What is the fee for this subscription?**

A. \$70.00 per year

### **Q. If I own a business is my business including employees eligible for this service?**

A. At this time we are only offering this program to Residents of the City of West Covina.

### **Q. Who is covered under my subscription?**

A. All legal residents of your household.

### **Q. What does “legal” residents mean?**

A. All members of your family who reside in the home.

### **Q. What if someone gets hurt in my house (guest) are they covered under my subscription?**

A. Only legal residents of the household are covered under this subscription program.

### **Q. How does the billing work?**

A. Billing will be sent one month to six weeks in advance of your subscription expiration date. Payment must be received or postmarked on or before expiration date to continue your subscription. If paid after expiration date you will not be covered under the program until subscription is renewed. Once subscription is renewed the date that the City receives the payment will become your new effective date and will expire the last day of the anniversary month, of the following year, when the subscription became effective.

### **Q. If a private ambulance company provides transportation, does this subscription cover those costs as well?**

A. No.

## **City of West Covina Ambulance Subscription Service– FAQ (cont)**

### **Q. What does the subscription not cover?**

A. Subscription does not cover any medical services or transportation from private ambulance companies. Subscription does not cover any non-emergency ambulance transportation.

### **Q. What if I don't have subscription?**

A. If you are a subscriber to this program you will have no out of pocket expenses for medical services and transportation provided by the West Covina Fire Department. If you do not subscribe to this program you may pay out of pocket expenses over \$1200.

### **Q. I am retired and only have Medicare/Medical coverage: should I enroll in the Ambulance Subscription Program?**

A. You will need to check with your current medical insurance company to verify if a co-pay is required. If you are a Medi-Cal recipient or your medical insurance does not require you to pay a co-pay for ambulance transportation, this program would not be beneficial to you.

### **Q. When can I enroll in the program?**

A. You can enroll in the program at any time. Subscription begins the date we receive your application and expires on the last day of your anniversary month.

### **Q. Is the subscription fee prorated?**

A. No. Membership begins upon receipt of payment by the City and terminates on the last day of anniversary month.

### **Q. Does the subscription cover members of my household outside the City of West Covina?**

A. Your subscription **only** covers legal household members who receive services provided by the City of West Covina Fire Department within the city limits.

### **Q. What if I belong to a paramedic membership program in another city?**

A. Your subscription services with that city are not valid within the City of West Covina. You will only be covered in the City of West Covina if you are a resident and a member of the City of West Covina Ambulance Subscription Program. Only **emergency** ambulance services provided by the City of West Covina Fire Department are covered under this program.

### **Q. Is non-emergency ambulance transportation covered to or from a hospital, doctor's office, rehab facility or retirement home?**

A. No. **Only emergency** ambulance services provided by the City of West Covina Fire Department are covered under this program.

### **Q. Why do I need to join if I already have medical insurance?**

A. There is no guarantee that your insurance company will cover the charges. The charges may be denied or only partially paid, or your deductible or cap limit may result in an unpaid balance for which you are responsible. As a subscriber you don't have those worries since you are not responsible for any out-of-pocket costs. Belonging to the Ambulance Subscription program gives you peace of mind in not having to worry whether your insurance will pay the medical bill. The \$70.00 annual fee is only a fraction of most insurance companies' deductibles. As always, you will need to check with your current medical insurance company to verify if co-pay is required. If you are a Medi-Cal recipient or your medical insurance does not require you to pay co-pay for ambulance transportation, this program would not be beneficial to you.

### **Q. What happens if I am not an Ambulance Subscription Program member and I use ambulance services?**

A. Whether or not you are an Ambulance Subscription Program member, you will always receive the highest level of emergency treatment. As a non-member of the Ambulance Subscription Program, you will be billed for the services. You may give the bill to your insurance company but you will be ultimately responsible for all service charges. There is no guarantee that your insurance will pay in full for the treatment that you received as health insurance plans vary. Check with your provider to verify coverage.