

# NORRTHERN BERKS

**EMERGENCY MEDICAL SERVICES**

**DEDICATED TO OUR COMMUNITY DURING THIS DIFFICULT TIME...  
CAN WE DEPEND ON YOU?**



**A COMMUNITY PARTNERSHIP  
TO SAVE LIVES**

**COMMUNITY FIRST**

# NORTHERN BERKS EMERGENCY MEDICAL SERVICES

"Proudly Serving Northern Berks  
County Since 1959"

WHEN SECONDS COUNT

## In an Emergency the last thing you should worry about is paying for the Ambulance

Dear Community Friends,

This year has been a very challenging year for the staff of Northern Berks Emergency Medical Services. We have maintained a high level of service during these difficult times. The staff of Northern Berks EMS is trained for the worst-case scenarios and to rise to the challenges of everyday medical crises, and we have risen to manage an unprecedented pandemic and a staffing crisis that is Nationwide. Through community outreach, education and community partnerships our organization continues to serve your family in your time of need. This current crisis has shaken our organization to the core financially and your participation in our membership program is needed to ensure we can continue our high level of service. Although we are able to bill each patient, insurance reimbursements barely cover the current costs of fuel and equipment. Our biggest budget shortfall is readiness. Being able to have staff ready 24/7 to respond to your emergency.

Sadly, on average only 17% of the Community we serve takes advantage of our membership program. Although this is a reality that we face yearly we still provide service 100% of the time. 24 hours a day 7 days a week you can depend on our community-based organization to be ready for you and your family.

As a non-profit ambulance organization, our survival depends on membership, donations, receivable from insurance companies and municipal donations. HIGH INSURANCE DEDUCTIBLES and lower insurance reimbursements have caused us to increase our membership donation fees to assist in sustaining our organization. The membership will help alleviate the financial burden on you and/or your family.

The following highlights an overview of the membership guidelines:

- The yearly membership program runs from July 1, 2023 to June 30, 2024. Due to regulations we can no longer prorate your membership. Your purchase date will be the post mark date not the date on your check. Due to changes in regulations, all memberships will expire on June 30th. Senior individual and senior family plans are for 65 years of age and older. We cannot prorate the cost of your membership throughout the year.
- Your membership is NOT an insurance policy; therefore, it does not provide coverage with any other medical service. We do have reciprocating agreements with other Mutual Aid Services. We will bill your insurance company. If you receive payment sent directly to your home, you MUST forward that check to us for processing. The remainder of the balance will be covered by your membership.
- If your insurance deems your transport as not medically necessary, your membership does NOT apply. This is to prevent abuse of the 911 system. You will receive a bill for those services.
- Members will receive a total of 3 lift assists at no costs. Any lift assist over the limit will be billed. Your bill will be reduced at a 50% discount.
- Members who are treated with Advanced Life Support skills and refuse treatment will receive a 50% discount on services.
- Members who receive Basic Life Support care and refuse transport will receive a 50% discount on services.
- Make sure to list all family members and sign the back of your membership card prior to returning it.

If we are late sending out membership, your previous year membership will be extended for two weeks beyond the expiration date.

## IMPORTANT INFORMATION PLEASE READ

We understand that during this difficult time you may be concerned. The Current financial state of our Country is poor and prices seem to increase daily. Unfortunately, due to this increases we must also increase our yearly drive. Your local ambulance is not funded by tax dollars. Although some municipalities make a yearly donation, this money received does not come close to what is needed for the cost of readiness. Organizations our size have been making the news almost daily announcing that they will no longer be able to provide the much-needed service. This will cause longer response times for critically injured and ill residents. We work hard every day to ensure we are not a statistic. WE NEED YOUR HELP. If you are already a subscriber, we would like to thank you for your continued support. We would also ask that you tell your neighbors about the program.

Northern Berks EMS is funded primarily by third party billing, community donations and municipal grants. We work closely with each municipality we serve with the primary goal of providing state of the art healthcare to the community we serve. If you would like to make an additional donation please write your donation in the box marked on your return label.

The receipt for your membership will be your cancelled check. You can also remove the wallet card from our membership packet. You are not required to have this card as proof of membership. We keep records of each membership received.

Please write your email address down on the form provided. We will add you to our newsletter. During the year we communicate with you to assist in educating you on ways you can stay healthy and mitigate any emergencies.

WE ARE ONE COMMUNITY. FOR LESS THAN 20 CENTS A DAY OUR FAMILY MEMBERSHIP PROGRAM NOT ONLY PROTECTS YOU FROM MEDICAL BILLS BUT IT ENSURES WE CAN PROVIDE THE MUCH NEEDED EMERGENCY CARE OUR COMMUNITY DEPENDS ON.

WE ARE DEPENDING ON YOUR 2023 MEMBERSHIP AS WELL AS ANY DONATIONS DURING THIS DIFFICULT TIME.

Like us on FACEBOOK by searching Northern Berks EMS

Visit our website at [www.northernberksems.com](http://www.northernberksems.com)



# NORTHERN BERKS EMS

You may complete this information for your records:

Date Sent \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_

← Please refer to this number in any correspondence.

Northern Berks EMS

Like us on Facebook for community updates!

T012

003857

Please, send in your subscription today!

# Subscription Receipt

• 2023-2024 •

KEEP THIS PORTION FOR YOUR RECORDS

ALL EMERGENCY CALLS:

9 - 1 - 1

INFORMATION CALLS ONLY:

610-926-3858

www.northernberksems.com

Detach Here

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

Circle the amount of your Subscription & return this portion.

INDIVIDUAL	FAMILY	SENIOR INDIVIDUAL	SENIOR FAMILY	DONATION	TOTAL
\$60.00	\$75.00	\$50.00	\$60.00	\$ _____	\$ _____

Please refer to this number in any correspondence.

Please Make Any Necessary Corrections To Name & Address Below



For event updates, please provide your email address.

3594

• 2023-2024 •

# Subscription Request

Make Checks Payable To:

NORTHERN BERKS EMS  
PO BOX 622  
LEESPORT PA 19533



[ ]-PLEASE CORRECT NAME

\*\* If you receive duplicate mailings, please mark duplicate and return the duplicate to us.\*\*

Please complete back of form →  
RETURN THIS PORTION IN THE ENVELOPE PROVIDED

Detach Here

www.northernberksems.com

Please let us know where you are located:

- Leesport Borough
- Bern Township
- Ontelaunee Township
- Maiden creek Township
- Centre Township
- Centerport Borough
- Perry Township
- Penn Township
- Shoemakersville Borough
- Alsace Township
- Ruscombmanor Township
- Other: \_\_\_\_\_

\*\*Please return this portion\*\*

Please detach this card after mailing us your subscription fee.

## SUBSCRIPTION CARD

NORTHERN BERKS EMS  
Schuylkill Valley EMS/Blandon EMS

EMERGENCY CALLS 9 - 1 - 1

ALL OTHER CALLS 610-926-3858

EXPIRES June 30, 2024

REMOVE AND RETAIN SUBSCRIPTION CARD



### Authorization

I understand that I am financially responsible for the services provided to me or my family members by this health service provider or supplier regardless of my insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the health service provider or supplier or its billing agent for any services provided to me by the health provider or supplier. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Service and its carriers and agents, as well as to the health provider or supplier and its billing agents, any information or documentation needed to determine these benefits payable for any services provided to me by the health service provider, both now or in the future. A copy of this form is as valid as the original. I also agree to immediately remit to the health service provider any payments that I receive directly from any source for the services provided to me.

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

Please list all family members residing at this address to be covered by this membership.	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Remember: Always wear your seat belt and make sure children are properly secured.

This membership entitles the holder unlimited **Emergency Medical Service** within the coverage area, subject to the subscription terms and conditions, available upon request.

**-THANK YOU FOR YOUR SUPPORT-**