

NORTHERN BERKS

EMERGENCY MEDICAL SERVICES

THE CLOSURES OF MANY EMS AGENCIES HAVE LEFT COMMUNITIES WITH EXTENDED RESPONSE TIMES AND NO EMS COVERAGE. IN 2023, THIS SAD REALITY HIT CLOSE TO HOME WHEN KUTZTOWN AMBULANCE CEASED OPERATIONS UNEXPECTEDLY. PLEASE READ THE INSERT CAREFULLY.



**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**

READ VERY CAREFULLY

Dear Community Friends,

MAIDENCREEK Township and LEESPORT Borough prioritize the health and safety of their communities by ensuring access to Emergency Medical Services through fully paid memberships to Northern Berks EMS for their residents. While this valuable service is covered, we kindly ask for donations to help us continue delivering high-quality care and support to our community. Your insurance will still be billed for services provided and you may be asked by our third-party billing agency to assist with obtaining payment that is due, but your municipal membership has the following benefits. MAIDENCREEK AND LEESPORT RESIDENCE SHOULD RETURN YOUR MEMBERSHIP WITH A LIST OF NAMES IN YOUR HOUSEHOLD ON THE REAR OF THE DONATION SLIP.

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, 2025 to June 30, 2026. 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 some 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. If you have a Deductible you WILL receive a 50% discount on that deductible. The left-over balance we will write off as part of 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.
- If you do not have Medical Insurance and are a member you will receive a 50% discount on services.

Residents that live in Bern Township, Centre Township, Ontelaunee Township, Centerport Borough, Penn Township, Perry Township and Shoemakersville Borough are urged to join our membership program.

IMPORTANT INFORMATION PLEASE READ

Residents living in Maidencreek Township and Leesport Borough your membership is funded by tax dollars and a donation. Although other 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.

The Cost of an Ambulance was increased from \$135,000 to \$350,000. This does not include the equipment needed to stock the ambulance with medications and life-saving equipment. The cost just for a litter system is \$70,000. This coupled with increased medication costs, staffing, and other equipment has skyrocketed over the years. An unprecedented staffing crises that has swept our Nation.

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. Maidencreek Twp and Leesport Residents will be listed by returning the names of full time residents in the household and keeping your membership card.

Imagine running a business where the cost of goods to you were \$100.00 but you were only allowed to charge \$50.00. This is the sad reality of Emergency Medical Services and why your membership is important to keep this service readily available.

You can also Join online by visiting our website at www.northernberksems.com

WE ARE DEPENDING ON YOUR 2025 MEMBERSHIP AS WELL AS ANY DONATIONS DURING THIS DIFFICULT TIME.

Like us on FACEBOOK by searching Northern Berks EMS

Join online by Visiting our website at www.northernberksems.com and creating a new account and searching your address.



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!

T013

003873

Please, send in your subscription today!

Subscription Receipt

• 2025-2026 •

KEEP THIS PORTION FOR
YOUR RECORDS

ALL EMERGENCY CALLS:

9 - 1 - 1

INFORMATION CALLS ONLY:

610-926-3858

www.northernberksems.com

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



1
3594

For event updates, please provide your email address.

www.northernberksems.com

Detach Here

Please detach this card after
mailing us your subscription fee.

Please let us know where you are located:

- ☐ Leesport Borough
- ☐ Bern Township
- ☐ Ontelaunee Township
- ☐ Maidencreek Township
- ☐ Centre Township
- ☐ Centerport Borough
- ☐ Perry Township
- ☐ Penn Township
- ☐ Shoemakersville Borough
- ☐ Alsace Township
- ☐ Ruscombmanor Township
- ☐ Other: _____

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

SUBSCRIPTION CARD

NORTHERN BERKS EMS
Schuylkill Valley EMS/Blandon EMS

EMERGENCY CALLS **9 - 1 - 1**

ALL OTHER CALLS **610-926-3858**

EXPIRES **June 30, 2026**

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-