NORTHERN BERKS

EMERGENCY MEDICAL SERVICES

WHEN SECONDS MATTER, COVERAGE MATTERS.

Recent EMS closures have left our community with extended response times and no EMS coverage in some areas.

Northern Berks EMS is here to ensure our community stays protected.

SERVING 11 MUNICIPALITIES
Proudly serving 11 municipalities in Northern Berks County.

COMMITTED TO
Community, Care and Compassion

HERE WHEN YOU NEED US
24 Hours a Day
7 Days a Week

LEARN MORE
about how you can support your local EMS.

WWW.NORTHERNBERKSEMS.COM

COMMUNITY. CARE. COMPASSION.

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

Ambulance services across the nation continue to shut down—a growing national crisis that is increasing response times and leaving many communities without reliable 911 emergency medical care. Despite these challenges, Northern Berks EMS remains committed to providing you and your family with both Basic Life Support (BLS) and Advanced Life Support (ALS) services.

If you live in Maidencreek Township or Leesport Borough and received this letter in error, please notify us by returning the enclosed slip and indicating the correct municipality.

When does my membership take effect?

The membership program runs from July 1, 2026, through June 30, 2027. Memberships cannot be prorated. Your purchase date is determined by the postmark date—not the date on your check.

Membership Programs:

- Senior — $50.00 One person age 65 or older
- Senior Family — $65.00 Two members, at least one age 65 or older
- Individual — $65.00 Covers the subscriber only
- Family — $85.00 Two adults and up to three children under 25
- Family Plus — $100.00 Covers a family of any size living in the same household

Why should I become a member and how does it work?

Ambulance services can be expensive, and the cost of medications and medical care has increased significantly over time. Many insurance companies only cover a portion of your medical bill.

- The yearly membership runs from July 1 to June 30. Memberships cannot be prorated, and all memberships expire on June 30. Your purchase date is based on the postmark date, not the check date. Senior plans are available for individuals age 65 and older.
- Membership is not an insurance policy and does not provide coverage for services outside of Northern Berks EMS. However, we do maintain reciprocal agreements with some mutual aid services.
- We will bill your insurance company. If payment is sent directly to you, you must forward it to us for processing. Failure to do so or to cooperate with our billing company may result in suspension of your membership.
- Members receive a 50% discount on copays, deductibles, and the patient responsibility portion of their insurance Explanation of Benefits (EOB).
- If your insurance determines that transport was not medically necessary, membership benefits do not apply, and you will be billed accordingly. This policy helps prevent misuse of the 911 system.
- Members receive up to three lift assists at no cost. Additional lift assists will be billed at a 50% discounted rate. Members who receive treatment on scene (BLS or ALS) and refuse transport will also receive a 50% discount on those services.
- Please list all family members and sign the back of your membership card before returning it.
- If there is a delay in mailing memberships, your previous membership will be extended for two weeks from the date you receive your renewal.
- Providing an email address is highly recommended so we can create an online account for you.

You can now join our membership online at www.northernberksems.com Follow the link for pay your membership online. If you Do not have an already registered account, you will have to Click the REGISTER NOW link. (most residents do not have an online account and will need to register)

IMPORTANT INFORMATION PLEASE READ

COSTS

- New Ambulance without equipment — $300,000
- New Heart Monitor — $50,000
- New Litter System — $75,000

WE NEED YOUR HELP.

If you are already a subscriber, we sincerely thank you for your continued support. We also encourage you to share information about our membership program with your neighbors.

The cost of operating an ambulance service has risen dramatically. The price of an ambulance has increased from approximately $135,000 to $350,000—and this does not include the equipment needed to properly stock it with medications and life-saving tools. A single litter system alone costs approximately $75,000. Combined with rising medication costs, staffing challenges, and other essential equipment, expenses have escalated significantly in recent years. Additionally, our nation is facing an unprecedented staffing crisis in emergency medical services.

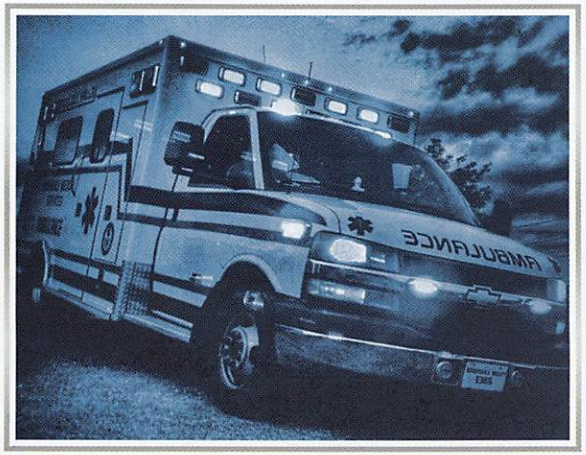
Your canceled check serves as your membership receipt. You may also remove and keep the wallet card included in your membership packet; however, it is not required as proof of membership. We maintain records of all memberships received.

Consider this: imagine running a business where your cost is $100, but you are only allowed to charge $50. This is the reality of Emergency Medical Services—and why your membership is so critical to keeping this service available in your community.

WE ARE DEPENDING ON YOUR 2026 MEMBERSHIP, AS WELL AS ANY ADDITIONAL DONATIONS, DURING THIS DIFFICULT TIME.

Follow us on Facebook by searching: Northern Berks EMS

You can also join online by visiting www.northernberksems.com, registering a new account, and searching for 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!

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Subscription Receipt

• 2026-2027 •

KEEP THIS PORTION FOR YOUR RECORDS

ALL EMERGENCY CALLS:

9 - 1 - 1

INFORMATION CALLS ONLY:

610-926-3858

www.northernberksems.com

Please, send in your subscription today!

Detach Here

Email Address: _____

Circle the amount of your Subscription & return this portion.

INDIVIDUAL $65.00	FAMILY $85.00	FAMILY PLUS $100.00	SENIOR INDIVIDUAL $50.00	SENIOR FAMILY $65.00	DONATION $_____	TOTAL $_____

Please refer to this number in any correspondence.

Please Make Any Necessary Corrections To Name & Address Below

• 2026-2027 •

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.**

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Please complete back of form →

For event updates, please provide your email address. ***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
- ☐ Maidencreek Township
- ☐ Centre Township
- ☐ Centerport Borough
- ☐ Perry Township
- ☐ Penn Township
- ☐ Shoemakersville Borough
- ☐ Alsace Township
- ☐ Ruscombmanor Township
- ☐ Other: _____

Please return this portion

3594

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, 2027

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-