



# 2026 SUBSCRIPTION APPLICATION PEQUEA VALLEY FIRE DEPARTMENT (PVFD)

If your property has multiple residences or businesses, and they didn't receive this packet, please call 717-768-3869 for another packet. Each residence and business, even on the same property, needs to have a separate subscription to obtain the benefits. 

## STEP 1: CHOOSE YOUR SUBSCRIPTION TIER.

### Rates:

(CHECK ONE)

	Economy	Standard	Gold
	40% discount of out-of-pocket costs	70% discount of out-of-pocket costs	No out-of-pocket costs
Single	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$290.00
Senior Couple (60+)	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$290.00
Family	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$265.00	<input type="checkbox"/> \$315.00
Business*	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$340.00	<input type="checkbox"/> \$390.00

\*Per location. Limited to (5) five calls annually per business location covered.

## IMPORTANT NOTES

- Coverage applies within the PVFD service.
- Not an insurance product.
- PVFD will bill available insurance first.
- Subscriptions subject to PVFD approval.
- Full terms available in the enclosed booklet.
- **ALS/Medic invoices from another agency on the call will NOT be covered or paid with any subscription**

## STEP 2: ADD A DONATION FOR OUR NEW AMBULANCE.



- \$1,000     \$100     Other \$ \_\_\_\_\_  
 \$500     \$50     No thanks  
 \$250

## STEP 3: SUBSCRIBER INFORMATION.

Company Name \_\_\_\_\_

Head of Household or Company Contact Name: \_\_\_\_\_  
First Middle Last

Spouse: \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
(Include BOTH street address & PO Box) Apt. #

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Household Names: (use other side if needed)	Date of Birth (required)

## STEP 4: PAYMENT.

Subscription \$ \_\_\_\_\_ + Donation \$ \_\_\_\_\_ = Total enclosed \$ \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_



You can also register & pay online

## STEP 5: SIGNATURE.

**IMPORTANT:** By signing I confirm my participation in the PVFD Ambulance Subscription Program and agree to the terms outlined in the official brochure.

**(REQUIRED)** Signature of Primary Subscriber: \_\_\_\_\_ Date \_\_\_\_\_  
(Also authorized to sign for minor household)

**Signature Acknowledgement:** By signing above, I apply for participation as a subscriber in the Ambulance Subscription Program of Pequea Valley Fire Department (PVFD). I agree to the PVFD Ambulance Subscription Program terms and conditions described above under "Disclaimers" and in the accompanying brochure. I understand that my subscription does not cover ALS/medic bills from another company, therefore if there is one on the call, I am responsible for the charges. I verify that none of the listed persons is a Medicaid beneficiary. I request payment of authorized Medicare or any other insurance benefits be made on my behalf to PVFD for any ambulance services provided to me by PVFD now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me or any of the listed persons by PVFD regardless of our insurance coverage, and in some cases, I may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to PVFD any payments that I receive directly from my insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to PVFD. I authorize PVFD to appeal payment denials or other adverse actions on my and all listed persons behalf without further authorization and direct any holder of medical information or other relevant documentation about me or any listed persons to release such information to PVFD, its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors as may be necessary to determine these or other benefits payable for any services provided to me or listed persons by PVFD now, in the past, or in the future. A copy of this form is valid as an original. By signing above, I acknowledge that I have read, understand and agree to the terms and conditions of this Subscription Program, and I hereby apply to be a subscriber of PVFD. By signing above, I also acknowledge that I have received read the PVFD's Notice of Privacy Practices as described above.

TURN OVER TO SEE THE BACKSIDE 

