

HARMONY EMERGENCY MEDICAL SERVICES INC.

SUBSCRIPTION RECEIPT

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for your records:

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**CREWS ON
CALL 24 HOURS A DAY,
365 DAYS A YEAR!**

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~ **2016** ~

**ALL
EMERGENCY
CALLS:**

9-1-1

NON EMERGENCY CALLS ONLY:

724-452-4317

SUBSCRIPTION FORM

Harmony Emergency Medical Services • 102 Mennonite Lane • Harmony, PA 16037

PLEASE PRINT PLEASE CHECK IF NEW ADDRESS

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

CHECK ONE

Family Plus - \$60.00 Family - \$50.00 Individual - \$40.00
 Senior Citizen Couple - \$40.00 Single Senior Citizen - \$35.00 Donation \$ _____

CHECK ONE (Please mark appropriate box) Cash Check

Or charge my annual subscription to the credit card checked below

MasterCard Total Amount \$ _____ Expiration Date _____

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**IMPORTANT ~ PLEASE COMPLETE
INFORMATION ON REVERSE SIDE**

RETAIN FOR YOUR CONVENIENCE.

SUBSCRIPTION CARD

HARMONY EMS

EMERGENCY CALLS

9-1-1

ALL OTHER CALLS ~ 724-452-4317

EXPIRES ~ March 31, 2017

Medicare "Signature-On-File" Requirement

"I request that payment of authorized Medicare benefits be made on my behalf to *Harmony EMS* for any services furnished to me by *Harmony EMS*. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services." Each Medicare beneficiary must sign below:

Signature: _____ Date: _____

Signature: _____ Date: _____

Please list all family members residing in your home.
