



2020-2021 COMMERCIAL SUBSCRIPTION

EMERGENCY TRANSPORT COVERAGE FOR EMPLOYEES ONSITE

BUSINESS
NAME

CONTACT

PHYSICAL ADDRESS

EMAIL

PHONE

CHECK OFF YOUR
COMMERCIAL SUBSCRIPTION
SELECTION

\$250 Up to **10 EMPLOYEES***

\$500 Up to **20 EMPLOYEES***

\$750 Up to **100 EMPLOYEES***

\$1000 Up to **200 EMPLOYEES***

*Limited to current employees. Subject to verification

ADDITIONAL CONTRIBUTIONS AS A DONATION ARE APPRECIATED
TELL US HOW MUCH YOU'D LIKE TO PLEDGE \$

I apply for commercial subscription membership in the Subscription Program of PMREMS on behalf of the corporation/entity listed. I agree to the terms and conditions of the Subscription Program acknowledging employee emergency medical services transport is to be only from the business location indicated above. Employees utilizing this service request that payment of authorized Medicare or any other insurance benefits be made on their behalf to PMREMS for any ambulance services provided to said employee by PMREMS now, in the past, or in the future. I understand that the employee transported is financially responsible for the services and supplies provided by PMREMS, regardless of insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by insurance. **Employees participating in this program understand and agree to immediately remit to PMREMS any payments that are received directly from insurance or any source whatsoever for the services provided and assign all rights to such payments to PMREMS.** Said employee(s) authorize PMREMS to appeal payment denials or other adverse decisions on their behalf without further authorization.

By signing, I acknowledge that I have received PMREMS's Notice of Privacy Practices. I am also acknowledging that I understand the text regarding the subscription program

SIGN HERE

FILL IN, PRINT, SIGN & MAIL IN YOUR FORM WITH PAYMENT TO



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