McCandless-Franklin Park Ambulance Authority

Box 1, Ingomar, Pennsylvania 15127-0001
Business Office: 412-367-5883 Fax: 412-367-8147
Non-Emergency Service 412-367-5844

Subscription Information (Please print or type):

Name: ______________________________

Address: ______________________________

Address 2: ______________________________

City/State/Zip Code: ______________________________

Telephone Phone #: ____________________

Municipality: (Check One)
☐ Town of McCandless ☐ Franklin Park Borough ☐ Bradford Woods Borough
☐ Marshall Township ☐ Township of Pine

Covered Members, Payment Method, Eligibility and Terms of Subscription:

Our Subscription Program covers any permanent resident of The Town of McCandless, Franklin Park Borough, Borough of Bradford Woods, Marshall Township and The Township of Pine. This includes any family members who are also permanent residents of the household.

Note: If your insurance is Medicaid or a Medicaid HMO you cannot participate in our Subscription Program by Medicaid rules.

This subscription entitles holder unlimited emergency medical service, subject to the terms and conditions which are available on request, or listed on our website (www.mfpaa.org) under the "Subscription" tab.

McCandless-Franklin Park Ambulance Authority reserves the right to all third party claims. For additional information, call 412-367-5883 8:00am - 4:30pm Monday - Friday (excluding holidays).

Subscription Rates (Check One): ☐ $35 - Individual ☐ $60 - Family

Payment Method: ☐ Check - Please make checks payable to: McCandless-Franklin Park Ambulance Authority (MFPAA)
☐ Credit Card (We Take): ☐ Visa ☐ MasterCard ☐ Discover
Credit Card #: ____________________ Expiration Date: __________

Credit Card Holder Signature: x ____________________ Date: __________

Individual subscribers - Please print your name on the top left column line below.
Family subscriptions - Please print the name of all permanent residents of the household below.

____________________ ____________________
____________________ ____________________
____________________ ____________________
____________________ ____________________

Sign Below and Return This Completed Form with Payment to Our Address Listed Above

AUTHORIZATION

I understand that I am financially responsible for the services provided to me by McCandless-Franklin Park Ambulance Authority, referred to as "MFPAA", regardless of my insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to MFPAA or its billing agent for any services provided to me by MFPAA. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to MFPAA and its billing agents, any information or documentation needed to determine these benefits or benefits payable for services provided to me by MFPAA, now or in the future. A copy of this form is as valid as the original. I also agree to immediately remit to MFPAA any payments that I receive directly from any source for the services provided to me.

Signature: x ______________________________ Date: __________
Individual or Family Head of Household