CITY OF WEST COVINA
FIRE DEPARTMENT
AMBULANCE SUBSCRIPTION PROGRAM
1444 W GARVEY AVE
WEST COVINA, CA 91790
(626) 939-8447

CITY OF WEST COVINA AMBULANCE SUBSCRIPTION PROGRAM APPLICATION

Please enroll me in the City of West Covina Ambulance Subscription Program:

Name of Subscriber: _____

Address: _____ Zip Code: _____

Telephone #: _____ Number of Household Members: _____

Please read and sign the subscription agreement below and return it with your check payable to:

City of West Covina – BUSINESS SUPPORT CENTER
ATTN: Ambulance Subscription Program
8839 N CEDAR AVE #212
FRESNO, CA 93720

City of West Covina Ambulance Subscription Program Agreement

READ THE STATEMENT CAREFULLY AND SIGN AND DATE APPLICATION

I hereby apply for subscription services for myself and listed members of my immediate family who legally reside at my address within the City of West Covina and I declare that I am a resident of the City of West Covina. I understand that the $70.00 annual fee provides ambulance **(emergency only)** service provided by the West Covina Fire Department, as often as needed. This service will be provided at no cost to subscriber's household, from the day the subscription became effective through the last day of the anniversary month, of the following year, when the subscription became effective. I also understand that the coverage is in excess of any insurance or medical benefits, which my household may have, and I authorize the release of medical information for the purpose of ambulance insurance billing only. Should a family member or I receive payment by insurance or medical benefits provides for ambulance service rendered, I will immediately forward such payment to the City of West Covina. I understand that my membership covers unpaid balances for ambulance services provided by the West Covina Fire Department. This subscription is nontransferable.

I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THE TERMS:

Signature: _____Date:_____

You will need to check with your current medical insurance company to verify if a co-pay is required.
If you are a Medi-Cal recipient or your medical insurance does not require a co-pay for ambulance transportation, this program would <u>not</u> be beneficial to you.