



Dear Friends and Neighbors,

Rehoboth Ambulance Committee, Inc will be continuing the subscription program for the **2025 calendar year**. As in previous years, this program may result in lowering or eliminating your out-of-pocket costs for 911 emergency medical transport.

The subscription service is available to all residents of the Town of Rehoboth and provides a means to reduce or lower the costs associated with being transported by Rehoboth Ambulance. The subscription applies to all emergency medical transportation provided by Rehoboth Ambulance to area hospitals.

The annual subscription will run from **April 1, 2025 through March 31, 2026** and will cost **\$100.00 per household**. The subscription will cover all individuals who reside in the household that are listed on the information sheet on the reverse side of this letter for unlimited use during the subscription period. To participate, you **MUST** have existing health insurance. Unfortunately, at this time, Medicaid (MassHEALTH and its managed programs) are not eligible to participate.

Rehoboth Ambulance agrees to accept as payment in full any payments made by your insurance carrier. You will not receive a bill for any co-insurance or co-pay amounts with the exception of any insurance carrier that requires a small fee to be paid prior to releasing the full payment amount. Where annual deductibles have not been met, Rehoboth Ambulance will reduce the amount owed by 50%. As a subscriber to the program, you agree to pay any reduced deductible amounts. In the event you receive payment from your insurance company, you agree to promptly forward the payment to Rehoboth Ambulance. In the event your insurance carrier does not cover the transport, or reimburses at less than the standard rate, you agree to work with Rehoboth Ambulance to appeal the decision to the insurance carrier. You also agree to maintain insurance coverage throughout the subscription period. In the event your insurance lapses, your subscription will become null and void. In the event your insurance changes, you agree to provide an update to Rehoboth Ambulance through our billing company, Coastal Medical Billing.

All money collected through the subscription program is immediately applied by Rehoboth Ambulance to improve the service provided by the ambulance to the Town of Rehoboth.

If you would like to subscribe to this program, please complete and return the enclosed information sheet. Should you have any questions, please contact us at subscription@rehobothambulance.org or 508-252-2318.

On behalf of the members and officers of Rehoboth Ambulance Committee, we thank you in advance for your support.

Steven Przeszlo
Director of Operations

Reuben Fischman
Deputy Director of Operations

Please remember to attach copies of all insurance cards



Please complete the following information and return with your payment of \$100.00 and copies of all insurance cards.
Checks should be made payable to Rehoboth Ambulance Committee, Inc

Rehoboth Ambulance
C/O Coastal Medical Billing
9 Main Street, Suite 2K
Sutton, MA 01590

Your Name	_____	Date of Birth	_____
Street Address	_____	City, State Zip	_____
Primary Insurance	_____	Secondary Insurance	_____
Primary Insurance	_____	Secondary Insurance	_____
Member Number	_____	Member Number	_____

Names of Other family Members Residing at the **SAME** Address (Make copies of this form if needed)

Name	_____	Insurance Name	_____
		Insurance Number	_____
Name	_____	Insurance Name	_____
		Insurance Number	_____
Name	_____	Insurance Name	_____
		Insurance Number	_____
Name	_____	Insurance Name	_____
		Insurance Number	_____
Name	_____	Insurance Name	_____
		Insurance Number	_____

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