



ACCESS

(Amherst County Combined Emergency Services System)
AMHERST COUNTY, VIRGINIA

DEAR SUBSCRIBER:

EMS ACCESS is a subscription program to help citizens pay out-of-pocket expenses, such as health insurance co-payments and deductibles when they need emergency ambulance transportation. Effective July 1, 2003, the Amherst County Department of Public Safety in cooperation with Amherst Life Saving Crew, Monelison Rescue Squad and Pedlar Rescue Squad began to charge for emergency ambulance transportation as part of the county's Revenue Recovery Program. EMS ACCESS will also pay any out of pocket expenses and pay the transport fee for a subscriber who does not have insurance.

YOU ARE ELIGIBLE!

For \$75 per year, a subscriber may enroll all members of his or her household. Citizens who work in, but do not reside in Amherst County and students attending colleges within the county are eligible to subscribe. An EMS ACCESS subscription is effective after the Amherst County Department of Public Safety receives both your payment and signed subscription form. Subscriptions are valid from July 1st to June 30th, renewed annually and are non-refundable and non-transferable.

SUBSCRIPTION PROGRAM TERMS:

The annual cost for the EMS ACCESS subscription pays out-of-pocket expenses for the uninsured portion or any charges for medically necessary emergency ambulance transportation that begins or ends at the hospital. An EMS ACCESS subscription covers individuals who reside in a household and are listed on the application. An enrollment form must be completed and submitted for processing, with your check or money order made payable to Treasurer, Amherst County. You will not be able to subscribe at the time services are rendered.

HOW TO ENROLL?

Complete the attached application (please print or type). Make your payment to Treasurer, Amherst County. Mail the completed application and payment to Amherst County Department of Public Safety, P.O. Box 140, Amherst, VA 24521. After your application is processed, you will receive a receipt confirming your enrollment in the subscription program. If you have any questions or need assistance completing this application, please call (434) 946-9307

RETAIN THIS SECTION FOR YOUR RECORDS

Check #:	<u>Names of Household Members Listed on Application</u>
Date of check:	
Amount of Check:	
Date application mailed:	

Return the completed application on next page and \$75.00
payment to:

Amherst County Department of Public Safety
P.O. Box 140
Amherst, VA 24521

Make Payment to: Treasurer, Amherst County

ACCESS APPLICATION

HEAD OF HOUSEHOLD			
Last Name	First Name	MI	Social Security Number
Address			Date of Birth
City	State	Zip Code	Phone Number
Insurance Company Name:			POLICY NUMBER:
Address:			

ADDITIONAL FAMILY MEMBERS RESIDING AT THE YOUR ADDRESS

Last Name	First	MI	RELATIONSHIP	SSN #	DATE of Birth	INSURANCE Company name Address Policy Number

*** Social Security Numbers are required for insurance processing*

I am requesting that my household be enrolled in the Amherst County EMS ACCESS program. I and my family have read and understand the terms of the EMS ACCESS subscription program. The information is true and correct to the best of my knowledge.

A copy of this form is as valid as original.

Signature

Date