

Your Support is Vital to Ensuring That Mutual Aid Ambulance Service Will Continue to be Available for You

The primary source of our funding is payment from Medicare and other insurances. However, these payments do not fully cover the costs of our personnel, vehicles, training, medical supplies, and personal protective equipment. This Membership Program provides vital income needed to maintain the high quality of care that we provide to your community.

Our sincere thanks to all of our current and former members who have generously supported our mission of caring for the community!





APPLY BY MAIL

Make check payable to MAAS, 561 West Otterman Street, Greensburg, PA 15601



APPLY BY PHONE

724-837-6134, Monday through Friday 7:30 am to 4 pm

MUTUAL	AID EMS	=	Membersh

ip Application 🗸

	INDIVIDUAL
	\$55.00/YEAR
Cove	ers only one individua
whor	m is subscribing.

FAMILY \$75.00/YEAR Covers all permanent

residents of your home.

	Call for a Quote
Cove	rs employees of a
busir	ness as members while
thev	are at work.

RUSINESS

Name:		Would you like to make a
Address:		tax-deductible donation?

Name:

Aemberships are valid 1 year following date of purchase

Business Office: (724) 837-6134 Emergencies: Call 9-1-1

Please complete the back of this form



AMBULANCE MEMBERSHIP OVERVIEW

- ▶ Members will receive a 50% discount off copays/coinsurance over \$200 related to emergency and non-emergency ambulance service provided by Mutual Aid Ambulance.
- ▶ Members receive a reduced rate of \$325, plus \$6 per mile for all non-emergency/ non-covered transports; \$440, plus \$6 per mile for all emergency/non-covered transports, which will coincide with the current Medicare/Medicaid fee schedule.
- ▶ Members receive a 50% discount for on-scene treatment without transport.
- Memberships are valid for one year from the purchase date and can be extended from the current expiration date.

MAAS Members get Extra **Benefits**



at the Mutual Aid Maintenance Garage

Additional Benefits at these businesses; Please contact directly for details.



MassageEnvy.com 724-832-8383



878-787-7770 x 5 jon.campbell@livech.com



OsteoStrong

Bone Health Cinic OsteoStrong.me 724-445-6855



Elliott Federal Credit Union elliottfcu.com 724-527-2822

Q. WHY AM I RESPONSIBLE FOR MY INSURANCE DEDUCTIBLE IF I HAVE A MEMBERSHIP?

A. A deductible is the amount a patient must pay out of his or her own pocket before full healthcare insurance kicks in to cover medical claims. Mutual Aid cannot give you a discount on your deductible because we are contractually obligated by your insurance carrier to collect the full amount.

Q. I HAVE MEDICAID — DO I NEED A MEMBERSHIP?

A. No. Healthcare providers may be prohibited by law from offering Membership to or accepting Medicaid recipients. By submitting an application for Membership, the applicant certifies that they are not a Medicaid beneficiary.

Q. CAN I TAKE OUT A MEMBERSHIP IF I DO NOT HAVE INSURANCE?

A. Yes. You will receive a discounted rate on your emergent and non-emergent transportation, which will coincide with the current Medicare fee schedule.

Q. AM I CHARGED ANY FEES IF AN AMBULANCE DOES NOT TRANSPORT ME TO THE HOSPITAL?

A. Yes. Mutual Aid does charge a fee when on-scene treatment is provided but the patient is not transported. Since most insurance companies do not provide coverage for on-scene treatment without transport, members receive a 50% discount for any related fees that are not covered by insurance.

For additional terms and conditions, please visit www.mutual-aid.com/memberships. Terms and conditions are subject to change at any time.

conditions Mutual Aid Ambulance Service reserves the

Emergency Medical Service services, when available, subject to terms and This membership entitles holder to unlimited www.Mutual-Aid.com/Memberships which are available on our website and additional ancillary

right to bill all available third party claims

7:30 am - 4 pm Mon - Fri	call 724-837-6134	For additional information,

Account Holder		Required*
First*:	Last*:	DOB:
Phone*:	Email*:	
Member(s) Names		
First:	Last:	DOB:
If paying by Card #:		CVV:
If paying by Card #: credit card: Exp:	Signature:	Date: