



Greater Valley Emergency Medical Services

904 North Lehigh Avenue, Sayre, PA 18840-1842

Phone (570) 888-6000 – FAX (570) 888-1219

A Non-Profit, 501C3 Corporation

2024 Ambulance Membership

Dear Neighbor,

Greater Valley EMS is proud to be your local ambulance service provider! During our 2024 Ambulance Membership Drive, we are asking for your support.

How your Ambulance Membership benefits you:

- We will waive unpaid out-of-pocket balances for emergency medical services after your insurance company processes your bill. You may be responsible for any co-pays or deductibles that are assigned to you by your particular insurance provider or your insurance plan.
- Your subscription covers you for a full year: March 1, 2024 to February 28, 2025.
- Your subscription helps to support emergency ambulance care, rescue services, and SCUBA search & recovery services by highly trained volunteer and career personnel.
- Subscriptions help us to replace vehicles and equipment, such as our Rescue Truck and our cardiac monitors, to ensure that we are able to meet the needs of our community and provide great patient care!
- You will receive a 25% discount on emergency ambulance charges if you do not have health insurance or if your insurance provider denies your claim.
- You will receive a 10% discount for wheelchair and non-emergency transport services. These services are not typically covered by Medicare or commercial insurance providers.

Greater Valley EMS is a 501(c)(3) nonprofit organization that is not supported by taxpayer dollars. We count on members like you to partner with us to provide excellent emergency care for our local community.

Please complete the form below and return it with your check payable to “Greater Valley EMS.”

If you have any questions, please call our office at 570-888-6000 between 8:30 am and 5:00 pm.

THE MEMBERS OF GREATER VALLEY EMS THANKS YOU FOR YOUR SUPPORT!

Retain for your records: Date paid: _____ Cash Credit Card Check (# _____)

Detach here and return to Greater Valley EMS:

- Individual: \$45 Name: _____
- Ind. Senior (Over 62): \$30 Street Address: _____
- Couple: \$75 City, State, Zip: _____
- Sr. Couple (One over 62): \$50 Phone Number: _____
- Family: \$85 Additional Family _____
- Additional Donation: _____ Members: _____