## WELLS EMERGENCY MEDICAL SERVICES SUBSCRIPTION AGREEMENT EXPIRES JUNE 30, 2022



Subscri	ber:	Date of Birth:	Phone Number:
Local Address:			
List All Names Covered by Subscription (Not Listed Above)			
Name:		Se	ex: Date of Birth:
Relatio	n:		
Name:		Se	ex: Date of Birth:
Relatio	n:		
Name:		Se	ex: Date of Birth:
Relatio	n:		
Name:		Se	ex: Date of Birth:
Relatio	n:		
Name:		Se	ex: Date of Birth:
Relatio	n:		
This subscription agreement by and between Wells Emergency Medical Services (Wells EMS) and subscriber shall exempt the subscriber and family members who are members of the household and specified herein from charges for emergency ambulance services <u>provided by Wells EMS</u> during the term of this agreement and not payable or reimbursable through public or private insurance. Subscriber agrees to apply for any insurance benefits available and authorize payment directly to Wells EMS when emergency services are provided. Wells EMS agrees not to bill the subscriber for any charges in excess of insurance benefits available. The subscription price is \$60.00 (sixty dollars) for an individual, \$85.00 (eighty-five dollars) for family of two, \$110.00 (one hundred ten dollars) for family of three and \$135.00 (one hundred thirty-five) for a family of four or more meaning and including only the head of household and dependents residing in the same household.			
Signature:			Date:
PLEASE MAKE CHECK PAYABLE TO: WELLS EMERGENCY MEDICAL SERVICES, INC.			
For receipt, please enclose a self-addressed stamped envelope. Subscription agreements are effective for the period beginning July 1, 2021 or the date Wells EMS receives the subscription agreement and payment, whichever is later and ends on June 30, 2022. <i>Payments will only be received up to October 12, 2021</i> .			
	Individual \$60.00	☐ Family of Two \$85.00	Family of Three \$110.00
	☐ Family of Fo	ur or more \$135.00	Donation \$
DI EACE COMBLETE AND MAIL FORM TO.			

PLEASE COMPLETE AND MAIL FORM TO: PO BOX 1568, WELLS, ME 04090

PO Box 1568 Wells, ME 04090 207-641-8099 James S. Lapolla, Director Email: director@wellsems.org