

MAD RIVER VALLEY AMBULANCE SERVICE SUBSCRIPTION FORM

Print this form and mail it with your one-year subscription fee of \$40 to:

MRVAS

P.O. Box 305

Waitsfield, VT 05673

(Subscriptions are valid from March 1, 2009 through February 28, 2010)

Principal Subscriber		
First:	MI:	Last:
Mailing Address (Street, Apt #, City, State & Zip)		Full Name of All Household Members to Be Included
Home Phone Number		
<i>Attach list of household members if more space is needed.</i>		
In addition to the subscription fee of \$40, I wish to make a tax-deductible donation of \$_____ to be used as follows (please circle one): General Ambulance Other_____		
We also accept Visa, Mastercard, American Express and Discover. Card #: _____ Exp. Date: _____		
Signature: _____		

PLEASE SIGN AGREEMENT BELOW

Mad River Valley Ambulance Service Subscription Agreement

I, the Principal Subscriber understand that my Subscription covers only myself and household members listed above from March 1, 2009 through February 28, 2010.

I understand that this subscription provides unlimited emergency medical transportation to Central Vermont Medical Center (CVMC) or, if necessary, to the nearest appropriate medical facility, as determined by our Central Vermont Medical Center Medical Control.

The subscription does not include any coverage for services provided by Dartmouth-Hitchcock Medical Center Helicopter or other ambulance services.

The subscription also covers a maximum of two physician-ordered, non-emergency transports per subscription year. (This includes only transport to or from CVMC, Fletcher Allen Health Care or local area nursing homes.)

I also understand that the Mad River Valley Ambulance Service will collect directly any medical insurance that may be available, and that this subscription is non-refundable and non-transferable.

Signature _____