

GENERAL INFORMATION

This membership entitles holder to EMERGENCY Medical Services through December 31, 2012.

IN AN EMERGENCY, FOLLOW THESE STEPS:

1. Dial 9-1-1
2. Clearly state your:
 - LOCATION OF VICTIM, INCIDENT OR CRASH
 - NAME
 - ADDRESS
 - PHONE NUMBER
3. NATURE of the EMERGENCY.
4. If inside, turn on the OUTSIDE LIGHT to identify the house.
5. Stay calm, HELP IS ON THE WAY.

MEMBERSHIP AGREEMENT WITH MEDICAL RESCUE TEAM SOUTH AUTHORITY

"I hereby apply for a membership to Medical Rescue Team South Authority (MRTSA) and agree to the following terms: Acceptance by MRTSA of the enclosed membership fee and this assignment entitles me to medically necessary EMERGENCY AMBULANCE SERVICE as often as needed in Baldwin Township, Castle Shannon, Dormont, Green Tree, Mt. Lebanon and Whitehall. The HOUSEHOLD PLAN covers all family members living at this address and any guests or visitors whose permanent residence is outside the communities listed above. The INDIVIDUAL PLAN covers only the individual named on this card. This membership is effective upon MRTSA's receipt and acceptance of my membership fee and this assignment, and expires on December 31, 2012. You may subscribe any time during 2012, however, full payment will be due and the membership will still expire on December 31, 2012. Your membership also provides coverage in communities served by the following ambulance services: Baldwin EMS, Brentwood EMS, Scott Township EMS, Tri-Community South EMS.

This membership also covers pre-scheduled NON-EMERGENCY AMBULANCE SERVICE which is medically necessary. This service is subject to availability, and MRTSA's staffing, scheduling and equipment constraints. This is an additional service, but not a contractual obligation of MRTSA to me. Emergencies have priority. 24 hr. notice and physician authorization may be required for these services. Acceptance of the request for pre-scheduled ambulance service, and dispatching and transporting decisions will be made solely by the staff of MRTSA. MRTSA's acceptance of insurance assignment for pre-scheduled ambulance service may be contingent upon the determination of my insurance that use of the ambulance was medically necessary.

Assignment: Subject to acceptance of this assignment and payment to MRTSA by my insurance company when ambulance services are rendered, all co-payments and/or deductibles will be covered. As part of the consideration for this membership agreement, I hereby assign to MRTSA all my rights and benefits under my Hospitalization and Medical insurance or other medical benefits or insurance policies for services rendered to me by or for MRTSA. I authorize and direct my insurers and medical benefits providers to pay directly to MRTSA all sums owed for each service rendered to me. When services are rendered I will notify my insurance as required, and provide insurance numbers and authorizations needed by MRTSA to bill my insurance. MRTSA will send my bills directly to my insurer or other medical benefits provider. I agree to forward to MRTSA any payments I receive for services rendered to me by or for MRTSA under this membership agreement."

NOTE: This is not an insurance contract. This membership covers any insurance co-payments and/or deductibles, except as required by law or regulation, which you may incur for ambulance service rendered by or for MRTSA, not paid by your third party payer. Membership coverage applies only to persons who accept all terms of this agreement. This membership is non-refundable and non-transferrable. If indicated on reverse side, I authorize MRTSA to charge the total amount to my VISA/MC account.

CHECKS FROM YOUR INSURANCE COMPANY

Any check you receive from your insurance company for your ambulance trip MUST be sent to MRTSA. Or ask your insurance carrier to send it directly to us. Remember, that check does not actually belong to you, but to MRTSA.

MRTSA Thanks you!

METHODS OF PAYMENT FOR MEMBERSHIP

- ✓ Credit Card (Visa, MasterCard)
- ✓ Check ✓ Money Order
- ✓ E-Pay—go to www.mrtsa.com

YOUR MEMBERSHIP IS ESSENTIAL TO HELP MRTSA FINANCIALLY SURVIVE

Here's What Happens When You Become A Member:

1. We submit your ambulance bill to your insurance carrier for you.
2. You will not be billed for any co-pay or deductible.

- **INDIVIDUAL Membership Rate \$35.00**

Covers only the individual named on the membership card.

Individuals may choose household membership for non-resident family, guests and visitors.

- **HOUSEHOLD Membership Rate \$55.00**

Covers all individuals living at the listed address and non-resident family, guests and visitors.

- **BUSINESS Membership Rate \$60 PLUS \$5.00 FOR EACH EMPLOYEE**

Covers all employees and visitors at the business property.

- **YOUR MEMBERSHIP PLUS YOUR ADDITIONAL DONATION OF \$40.00**

This donation, sent in with your regular membership, enables MRTSA to purchase new life-saving equipment and additional training to benefit you.