Please fill out the information below.
Include a check or money order (please no cash)
for $24 made payble to:

City of San Bernardino Paramedic Subscription Program
c/o ADPI-Intermedix
PO Box 510 • Alameda, CA 94501

❑ **New Member** ❑ **Renewal**

Membership Fee: $24
Donation: _____
Total Amount: _____

Head of Household (please print)
Last Name: _____
First Name: _____
Date of Birth: _____ SS#: _____
Spouse/Partner Name: _____
Date of Birth: _____ SS#: _____
Street Address: _____
_____
City: _____ Zip: _____
Home Phone: (_____)_____-_____
Work Phone: (_____)_____-_____
Mailing Address (if different): _____
_____

List other permanent residents of your household:
Name: _____
Date of Birth: _____ SS#: _____
Name: _____
Date of Birth: _____ SS#: _____
Name: _____
Date of Birth: _____ SS#: _____
Name: _____
Date of Birth: _____ SS#: _____
List any additional permanent residents on a separate sheet of paper.

SAN BERNARDINO CITY FIRE DEPT.
PARAMEDIC

SUBSCRIBE TO THE PARAMEDIC PROGRAM TODAY!

KEY CONTACT INFORMATION FOR THE CITY OF SAN BERNARDINO:

Fire Department	**(909) 384-5286**
Police Department	**(909) 384-5692**
Emergency	**911**
Public Services (e.g., tree fallen in street)	**384-5140**
Parks, Recreation and Community Services	**384-5233**
Animal Control	**384-1304**
City Information	**384-5211**
City Finance Department (for Low-income Exemptions)	**384-5348**
City Code Enforcement	**384-5205**
Water Department	**384-5141**
City Integrated Waste Management	**384-5335**
City Jobline	**384-5376**
Housing (Economic Development Agency)	**663-1044**
Omnitrans	**(800)966-6428**
Southern California Edison	**(800)684-8123**
The Gas Company	**(800)427-2200**

SAVING LIVES IN OUR CITY

SAN BERNARDINO
EST. 1878
CITY FIRE

In an Emergency, the last thing you want to worry about is paying for Fire Department Paramedics

IN AN EMERGENCY DIAL 911

Support the Firefighters/Paramedics Who Are There for You

You see us in the community and coming to the aid of your friends and family in times of crisis such as medical problems and motor vehicle accidents. We are often the first responders, in times of great need, when every second counts. The City of San Bernardino's firefighters/paramedics are real guardian angels - - prompt, professionally trained, providing 24/7 coverage from our 12 stations.

Today a subscription membership is the best way to support your fire department, ensure our continued readiness, and save yourself out-of-pocket expense when you need our services in a medical emergency.

How Your Membership Works for You

Should you ever require emergency medical services from the San Bernardino City Fire Department, your membership will waive any costs not covered by your insurance. If you need our services for a medical emergency, the Fire Department will automatically bill your insurance company; however, any co-pay or uncovered charges will be waived as a result of your membership. Our regular charge for Fire Paramedic first-response is $200.

Review your individual insurance plan to see how this benefit applies to you. **Ambulance transportation costs are NOT covered by this program**. Many plans cover only a portion of the cost on an emergency medical call, which includes the charges from the Fire Department. Regardless of your coverage, subscription membership will eliminate any personal payment to the Fire Department.

JUST $24 PER YEAR COVERS YOUR WHOLE HOUSEHOLD

It is Easy to Become a Member

Simply fill out the attached form and send it with your check. Please print clearly and refer to your personal records and insurance cards whenever necessary.

WE STAND READY TO SERVE YOU.

WILL YOU SUPPORT US?

Become a member for $24 and you will enjoy the benefits of membership with no out-of-pocket expense should you ever need our services. And your membership will cover every member of your family who lives at home with you.

If you have any questions, call the City of San Bernardino Fire Department at (909) 384-5286.

If you are already a subscriber please call 800-339-1159

You will receive emergency paramedic service from the Fire Department regardless of your participation in this program.

Please submit your payment for $24 to:

CITY OF SAN BERNARDINO PARAMEDIC SUBSCRIPTION PROGRAM
c/o ADPI-Intermedix
PO Box 510 • Alameda, CA 94501

More Information

- Your $24 (and donation should you choose to pay more) will go directly to the City of San Bernardino Fire Department.
- Your coverage period will be July 1st of the year you subscribe through June 30th of the following year.
- Contact the City of San Bernardino Paramedic Subscription Program in writing if you have any changes or additions to your household during the year: PO Box 510 Alameda, CA 94501.
- Residents of the City are exempt from Fire Department Paramedic charges if they qualify for the low-income utility users' tax exemption. To enroll in this program call (909) 384-5348.

Membership Agreement

This agreement is between the City of San Bernardino Fire Department and myself. This agreement provides for my membership in the City of San Bernardino Paramedic Subscription Program. The membership will cover any deductible or co-insurance amounts not paid by insurance for emergency medical services provided by the City of San Bernardino Fire Department. The City of San Bernardino Fire Department agrees to look first for my insurance for payment of my bill in the event that I use the fire department's paramedic services.
I understand that I am responsible to pay for all services provided to me by the City of San Bernardino Fire Department. By entering into this agreement, I agree to provide a signed assignment of benefits to enable the City of San Bernardino Fire Department to collect directly from my insurance provider(s), Medicare, or other third party payer. If I should receive payment from my insurance provider(s), Medicare, or other third party payer for services provided by the City of San Bernardino Fire Department, I agree to remit immediately these funds to City of San Bernardino Fire Department.
This agreement is not an insurance policy and does not provide any form of insurance coverage. The Paramedic Subscription Program covers me as the primary subscriber, my spouse/partner, and any resident relative and/or dependent children who are residing at the same address.
My membership is effective upon receipt of full payment of the membership fee and a signed membership application and is effective through June 30. This agreement is non-transferable and non-refundable.