

Dear Town Residents & Business Owners,

2022 kept our ambulances and crews very busy as our community dealt with the latter stages of the COVID pandemic. The Hope Valley Ambulance Squad continues to provide quality emergency medical services to all members of the community. **This past year, HVAS responded to a record number of nearly 1600 EMS calls.** We are proud of our service and want to continue to provide everyone in our community with the best EMS care. HVAS is not affiliated with the Hope Valley and Richmond Carolina Fire Departments and therefore does not receive any financial benefits from your town fire tax. Therefore, **WE NEED YOUR HELP** and invite you to show your continued support by purchasing a yearly membership that suits your needs as an individual, family, or business.

The Hope Valley Ambulance Squad bills insurance companies. Many insurance companies pay only a portion of the fee, leaving the balance for you to pay out of pocket (co-pay) or through a secondary insurance (if applicable). If insured, your membership fee waives any co-pays, deductibles, uninsured individuals, etc. Similarly, the same rules would apply to the employees in the Business Membership by taking care of fees not covered by the company insurance.

Also included in the membership, and pending crew availability, are co-pay fees for **physician approved** medical transports to and from local healthcare facilities (nursing homes, rehab facilities, and hospitals).

Please note: The membership rules apply only for the Hope Valley Ambulance Squad. Other ambulance services (mutual aid) may not honor our membership and you may be billed accordingly.

The Hope Valley Ambulance Squad is pleased to offer four membership levels for your convenience:

1. **INDIVIDUAL (\$65)**
2. **SENIOR INDIVIDUAL (65 by 4/1/2023 - \$50)**
3. **FAMILY - HOUSEHOLD OF 2 (\$85)** \$5 for each dependent after the 2 in the household. A dependent is anyone who has been claimed as a dependent on the federal tax return of the head of the household
4. **BUSINESS (\$250)** – Up to 10 employees. \$50 for each 10 employees beyond the limit.

The membership subscription covers between April 1, 2023 – March 31, 2024.

Please fill out, sign, and remit check payable to **Hope Valley Ambulance Squad**. Mail to:
Hope Valley Ambulance Squad, Inc.
P.O. Box 205
Hope Valley, RI. 02832

Please cut and return the bottom portion with your payment by 3/31/23. Keep the top portion for you records

_____ **Individual (\$65)** _____ **Senior Individual (\$50)**

_____ **Family (\$85)** List family members: 1 _____ (incl.) 2 _____ (incl.)
3 _____ (\$5) 4 _____ (\$5) 5 _____ (\$5) 6 _____ (\$5)

_____ **Business (\$250)** Name of business: _____ # of employees _____

Name: _____ Phone #: _____

Address: _____ Amount enclosed: _____

My signature at the bottom of this page indicates I understand that the Hope Valley Ambulance Squad agrees to provide Advanced Life Support or Basic Life Support EMS ambulance service to me and the listed members of my family or employees of my business per the guidelines above and within the rules and regulations of the organization.

Signature

Date