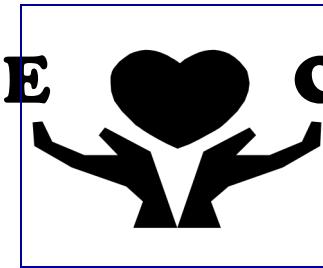


COLONIAL HEIGHTS FIRE AND EMERGENCY MEDICAL SERVICES

FARE CARE



FARE CARE is a subscription program to help citizens alleviate any out-of-pocket expenses such as health insurance co-payments and deductibles, when emergency ambulance transportation is needed. Individuals will be billed for emergency ambulance transportation under the city's Cost Recovery Program.

FARE CARE DOES NOT COVER NON-EMERGENCY TRANSPORTS.

Your Fare Care subscription will cover emergency ambulance transportation expenses for a subscriber who does not have health insurance.

SUBSCRIBE to FARE CARE by enrolling for only \$29 a year (single coverage), or \$59 a year (2 or more family members). Employees who work in, but do not reside in Colonial Heights, are also eligible for enrollment.

Your FARE CARE subscription will be effective after your payment and signed enrollment form are received. Subscriptions are valid from September 1, 2023 through August 31, 2024. Enrollment is non-refundable and non-transferable. Late subscriptions will be accepted, but subscriber fees are not pro-rated.

FARE CARE SUBSCRIPTION PROGRAM TERMS

For an annual cost of \$29 for single coverage, or \$59 for two or more people, your FARE CARE subscription defrays out-of-pocket expenses for the uninsured or any underinsured portion of charges for an emergency ambulance transportation that ends at a hospital.

- Subscriptions cover individuals who reside at the address listed on the enrollment form.
- You will not be eligible to subscribe at the time our services are rendered.
- FARE CARE subscriptions are valid September 1, 2023 through August 31, 2024.
- Subscriptions are non-refundable and non-transferable.
- Complete the adjacent application form (please print) and mail the application with your payment in the envelope provided.
- Payment and enrollment form are due by August 31, 2023.
- Membership cards are not issued for this subscription.

RETAIN THIS SECTION FOR YOUR RECORDS

Check Number:	Subscriber Name (s) Listed on Application
Date of Check:	
Amount of Check: \$	
Date Mailed:	
Date Delivered:	

For enrollment or billing questions, call Megan Gay in Fire Administration at (804) 520-9387.



Head of Household: <input type="text"/>	Last Name <input type="text"/>	First Name <input type="text"/>	M.I. <input type="text"/>	Last 4 digits of SS Number <input type="text"/>
Address <input type="text"/>			Date of Birth <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Phone Number <input type="text"/>	
Insurance Company Name <input type="text"/>		Policy Number <input type="text"/>		
Additional Family Members Living at this address:				
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>	Last 4 digits of SS Number <input type="text"/>	Date of Birth <input type="text"/>
Insurance Company Name <input type="text"/>			Policy Number <input type="text"/>	
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>	Last 4 digits of SS Number <input type="text"/>	Date of Birth <input type="text"/>
Insurance Company Name <input type="text"/>			Policy Number <input type="text"/>	
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Initial <input type="text"/>	Last 4 digits of SS Number <input type="text"/>	Date of Birth <input type="text"/>
Insurance Company Name <input type="text"/>			Policy Number <input type="text"/>	
The information above is required to process your claim.				
I have read and understand the terms of the Fare Care subscription program. I am aware that my health insurance will be billed for emergency transport services. The information above is true and correct to the best of my knowledge.				
<hr/>			<hr/>	Date <input type="text"/>
Signature of Head of Household or Authorized Person <input type="text"/>				
Please sign and return this part of your completed application with your payment of \$29.00 (for single coverage) or \$59.00 (for two or more family members).				
Make checks payable to: City of Colonial Heights				

