

The Hawley Emergency Response Team is a *Medical Response Unit* (MRU), as registered with the *Emergency Medical Services Regulatory Board of Minnesota* (EMSRB), which responds to emergencies prior to the arrival of a transporting Ambulance Service. The Hawley Emergency Response Team EMS Subscription Plan is an alternative to the Service Fee charged to our patients on each call for emergency medical services.

The current rates of these fees for emergency medical services are \$ 100.00 for “basic” assessment / treatment and \$ 300.00 for “advanced” assessment / treatment. This fee applies to residents and non-residents alike.

This EMS Subscription Plan covers what H.E.R.T. classifies as, “medical emergencies” only. It does not cover calls other than “medical emergencies” such as, but not limited to, motor vehicle crashes, agricultural accidents, water related rescues, fire response, heavy rescue extrication services, special rescue situations, etc. where specialized resources may be needed. As a resident of our Primary Service Area (PSA) you have an alternative to these fees by joining our EMS Subscription Plan. ***Our current PSA consists of the City of Hawley and the Townships of Cromwell, Eglon, Hawley, Highland Grove, Parke and Skree (18 sections).***

The EMS Subscription Plan covers you and all permanent members of your household, if you so choose, ***no matter how many times you may need the Hawley Emergency Response Team*** for EMS during your calendar year subscription. Your subscription also covers you and your household members, if you so choose, no matter where you are within our Primary Service Area.

Important Notices:

The Hawley Emergency Response Team EMS Subscription Plan fee does not include “ambulance” costs. These fees are billed separately by the responding ambulance service(s) of which we have no affiliation.

The Hawley Emergency Response Team EMS subscription plan is not an insurance policy or supplement.

Your membership in the EMS Subscription Plan is for a calendar year and is not pro-rated based on when you join. You cannot be covered by subscribing "after the fact" for that particular event and any and all

fees are not refundable if you move out of our PSA or decide to cancel your subscription.

FAQ's

What is the cost?

- Individual subscription: \$ 35.00/yr.

Covers only the person named on the subscription form.

- Family subscription: \$ 50.00/yr.

Covers all permanent residents of the address named on the form.

- Family Plus subscription: \$ 65.00/yr.

Covers all permanent residents of the address named on the form plus any guests that may need our services while “at your residence”. Also includes any immediate family members that are residents of assisted living / nursing facilities within our PSA.

- Business 1 subscription: \$ 100.00/yr.

Covers 1-5 employees

- Business 2 subscription: \$ 125.00/yr.

Covers 6-20 employees

- Business 3 subscription: \$ 150.00/yr.

Covers 21-49 employees

- Business 4 subscription: \$ 200.00/yr.

Covers 50+ employees

**** The Business Plans only covers employees during their normal work hours and locations, not while “off duty”.***

Why are you offering this plan?

To allow our residents and employers located in our PSA the opportunity to support our organization while helping them defray the amount of “out-of-pocket” expenses for our services.

Why do you need dates of birth and Social Security numbers?

We need “unique identifiers” to match patient information to subscriber information. This confidential information is only used as above and for insurance purposes.

Will my insurance be billed?

Most health insurance companies at this time, including Medicare, do not cover services provided by H.E.R.T. We do however reserve the right to bill your insurance company and claim title to any customary and reasonably allowed charges they may provide to H.E.R.T. and/or the “insured”.

If I have insurance and you bill them anyway, why should I join?

Your subscription not only helps us to exist and maintain the highest quality of professional care, but it also protects you against any unnecessary expenses which you may incur if you have not met your deductible, co-pay or other expenses that insurance may not cover.

Is my Subscription Plan fee tax-deductible?

Our understanding is that this fee is not tax-deductible, however we suggest you contact your tax advisor for this question.

Can I make a donation to H.E.R.T. with my subscription?

YES! Any amounts received *OVER* the amount of the Subscription rate will be considered a donation and is tax-deductible. We encourage donations & memorials as they are vital to the existence of our organization.

I have additional questions about the subscription plan, what should I do?

Call our office at 218-483-4512 or visit our website.

Can I sign up for the Subscription Plan on your website?

At this time the option of signing up on our website is not available but may become available in the future.

I would like to sign up, what do I do?

Please fill out the enclosed Subscription Membership Form with the requested information including your plan choice, name and demographics, signature and mail the form along with payment to:

**H.E.R.T.
PO Box 928
Hawley, MN 56549-0928**

H.E.R.T.

Hawley Emergency Response Team



Birthplace of the *Hjemkomst* Viking Ship

**EMS
Subscription Plan**

Our family helping your family since 1978

A 501c(3) Non-Profit Corporation

Proudly serving the Hawley Area for over 32 years

114 6th St., P.O. Box 928
Hawley, MN 56549-0928
(218) 483-4512

hawleyhert@arvig.net www.hawleyhert.org

H.E.R.T. EMS Subscription Plan

Check the appropriate box and please print legibly. Please return the completed form along with your payment. Use the back of this form if necessary. Your information will be entered into our database, no membership card is necessary.

BILLING AUTHORIZATION & RESPONSIBILITY FOR PAYMENT

I understand that I am financially responsible for the services provided to me by the Hawley Emergency Response Team (H.E.R.T.) regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits, if available and allowed, be made on my behalf to H.E.R.T. or its billing agent for any services provided to me by H.E.R.T. I authorize and direct any holder of medical information or documentation about me to release to the center for Medicare and Medicaid services or its successors and its carriers and agents, as well as H.E.R.T. and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by H.E.R.T., now or in the future. I agree to immediately remit to H.E.R.T. any payments that I receive directly from any source for services provided to me by H.E.R.T.

- Individual subscription: \$ 35.00
- Family subscription: \$ 50.00
- Family Plus subscription: \$ 65.00
- Business Subscription 1: \$ 100.00
- Business Subscription 2: \$ 125.00
- Business Subscription 3: \$ 150.00
- Business Subscription 4: \$ 200.00
- Donation: \$ _____
- Memorial: \$ _____
- TOTAL: \$ _____

Memorial given in memory of:

Please DO NOT mail cash!

Lifetime Signature

Date

Primary Subscriber Name

Street Address

Mailing Address

City State Zip

Phone Date of Birth*

Soc. Sec. # * * Please contact me!

* If you wish to NOT include Dates of Birth and/or Soc.Sec.numbers on this form, please check the box above.

Please include the following information for Family & Family Plus & Business Plans.
Use the back of this form if needed.

Name	Date of Birth	Soc. Sec #	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Office Use Only

Date received: _____

Contact made: _____

Info. obtained: _____

Subscriber #: _____

Card/Recpt. Mailed: _____

Other: _____

Initials: _____

Use this page for any additional information.