



# WHAT IS THE ... Paramedic Subscription Program?

The paramedic subscription program is voluntary. The program provides pre-hospital emergency care at no additional cost to the subscriber or residents of your home other than the annual subscription fee.

## Who is eligible to join the Paramedic Subscription Program?

*Any resident within the Santa Ana community may join.*

## What does the program fee cover?

*The program fee covers all emergency medical services provided by the Fire Department, within their service area.*

## Who is covered by the program?

*All permanent residents of a subscriber's household.*

## Are visitors of residential subscribers covered?

*No, only permanent residents of the household.*

## If I decide not to join the subscription program, what are the charges for emergency medical services?

*Charges can range from \$300 to in excess of \$1,000, depending on services provided.*

## If I subscribe and move out of the City, am I entitled to a refund?

*No, voluntary paramedic fees are not refundable.*

## Will my subscription cover routine ambulance transportation, such as trips from a hospital to home or rest home to a hospital?

*No, only emergency medical transportation is covered.*

## Will the Fire Department still respond even if I do not subscribe?

*Absolutely. The Fire Department responds to all emergency calls for assistance.*

## Will I be responsible for any charges if I become a subscriber?

*No, if you are a subscriber you will not be responsible for any fees aside from the annual subscription cost. However, your insurance, Medicare, or Medi-Cal will be billed.*

## What if I subscribe but do not have medical insurance?

*If you subscribe and do not have medical insurance, Medicare, or Medi-Cal you will not be charged, aside from the annual subscription cost.*

## Will I be billed if I am a subscriber?

*In the event that you do receive a bill, and your subscription is current, please contact our billing office immediately at 1-800-906-6552.*

## When does coverage begin and end?

*Paramedic subscription coverage begins the first day of the month following the receipt of the application and payment. Coverage ends twelve months later.*

## How do I enroll in the Paramedic Subscription Program?

Visit our Paramedic Subscription Program online at:

[www.santa-ana.org/paramedic-subscription](http://www.santa-ana.org/paramedic-subscription)

*Download and complete the Paramedic Subscription program enrollment form and submit it with the \$64.00 annual fee.*

**Make check payable to: City of Santa Ana**

**Mail to: City of Santa Ana  
Paramedic Billing M-14,  
P.O. Box 1964  
Santa Ana, CA 92702-1964**

## PARAMEDIC SUBSCRIPTION PROGRAM ENROLLMENT FORM

Please complete the information requested below & mail this form with your check/money order for \$64.00. Do not send cash. Your cancelled check is your receipt. **Make check payable to: City of Santa Ana; Mail to – City of Santa Ana, Paramedic Billing M-14, P.O. Box 1964, Santa Ana, CA 92702-1964**

HERE CUT DATA -----  
FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Additional Permanent Residents at the above address:

NAME	SIGNATURE	INSURANCE CARRIER & POLICY #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I, the undersigned, hereby authorize payment directly to the City of Santa Ana, benefits otherwise payable to me but not to exceed the regular charges for this type of service. If I am entitled to Medicare benefits, I authorize any holder of medical or other information about me to release the Social Security Administration of the intermediaries or carriers, any information needed for this or related Medicare claim I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to the party who accepts assignment. NOTE: The above statement shall NOT provide a basis for denial of either emergency care or emergency transport because of liability to pay.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_