

# **COLONIAL HEIGHTS FIRE AND EMERGENCY MEDICAL SERVICES**



**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: Last Name	First Name	M.I.	Last 4 digits of SS Number
Address			Date of Birth
City	State	Zip Code	Phone Number
Insurance Company Name		Policy Number	

**Additional Family Members Living at this address:**

Last Name	First Name	Middle Initial	Last 4 digits of SS Number	Date of Birth
Insurance Company Name		Policy Number		
Last Name	First Name	Middle Initial	Last 4 digits of SS Number	Date of Birth
Insurance Company Name		Policy Number		
Last Name	First Name	Middle Initial	Last 4 digits of SS Number	Date of Birth
Insurance Company Name		Policy Number		

**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.

\_\_\_\_\_  
Signature of Head of Household or Authorized Person

\_\_\_\_\_  
Date

**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**

