



BERLIN FIRE COMPANY EMERGENCY MEDICAL SERVICES, INC.

DONATION \$50.00

2021 ANNUAL DONATION DRIVE

EMERGENCY-DIAL 911

The Berlin Fire Company Emergency Medical Services, Inc. (**BFCEMS**) is now soliciting donations for the year January 1, 2021 thru December 31, 2021. **BFCEMS** maintains three Advanced Life Support Ambulances and we responded to over 1400 calls in 2020. **BFCEMS** maintains a paid ambulance crew consisting of two Paramedics and an Emergency Medical Technician on duty 24 hours a day, 7 days a week. We depend upon our many qualified volunteers to assist in providing additional manpower for lifting, CPR, and serious patients as well to staff our second and third ambulances. We purchased a new ambulance last year at a cost of \$290,000 which makes your donations ever so important.

BERLIN FIRE COMPANY EMERGENCY MEDICAL SERVICES, INC.

- 1) This donation supports **ONLY** those ambulances owned and operated by the **BFCEMS** and **NOT** other companies.
- 2) This donation covers only the donor and the members of the family that are listed on the donor's W-2 Internal Revenue Forms and that are living at this listed residence. No one else is covered.
- 3) This donation provides **EMERGENCY** transportation **ONLY** for those listed below to hospitals within a 35 mile radius. This will include emergency room transfers between Atlantic General Hospital and Peninsula Regional Medical Center. Our ambulances will transport to the hospital of the patient's request if this will not jeopardize the patient's health. This must be approved via our Emergency Medical Services radio, with our emergency medical service providers, and the physician at Atlantic General Hospital, which is our medical consultation center.
- 4) We do not accept any donations from residents of any type of institution or care facility.
- 5) If you are unsure if **BFCEMS** provides your EMS services, please call us at 410-641-1977 to verify if your address is in our EMS service area.
- 6) We will file for Medicare and insurance reimbursement for those participants. Your donation is applied to your deductible and co-payments, which results in no charge to you. **Please provide your Medicare number and sign form below.**
- 7) We will maintain your privacy of all records. Legal documents are required to supply any of your personal and medical information to any outside parties in accordance with HIPPA regulations. Your signature below authorizes **BFCEMS** and its billing agents access to your records for EMS billing purposes only.

2021 BERLIN FIRE COMPANY EMERGENCY MEDICAL SERVICES, INC.

KINDLY COMPLETE AND RETURN WITH MINIMUM \$50.00 DONATION.

THIS FORM MUST BE FILLED OUT COMPLETELY.

Head of Household

Medicare / SS#

Telephone #

Complete 911 Address (No P.O. Boxes)

PLEASE LIST ALL DEPENDENTS AS LISTED ON INCOME TAX FORM AND LIVING AT HOME.

- | | |
|----------|----------------------|
| 1. _____ | Medicare / SS# _____ |
| 2. _____ | Medicare / SS# _____ |
| 3. _____ | Medicare / SS# _____ |
| 4. _____ | Medicare / SS# _____ |
| 5. _____ | Medicare / SS# _____ |

Number of persons living at home: _____

If You Have Any Questions Please Call 410-641-1977

Signed: _____

THANK YOU!!!

Your cancelled check is your receipt.

