

Why Become a Member?

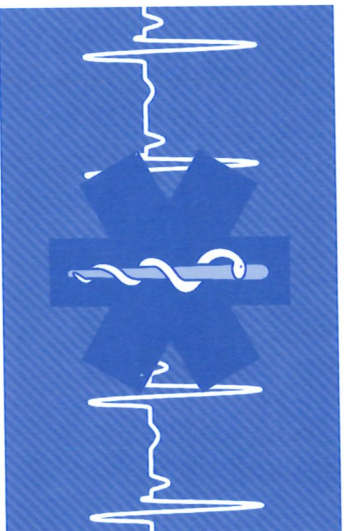
The Collingswood Fire Department provides emergency medical service for residents and businesses of the Borough of Collingswood. This program IS a membership program.

On January 1, 1998 the Collingswood Fire Department began billing insurance companies and patients for ambulance services, when utilized. This change in the program was necessitated by the ever increasing cost of providing this life saving service. With this new change you may be required to pay part or all of the bill for ambulance service, depending on the type of health insurance you have.

In an Emergency Dial 9-1-1

By becoming a subscriber to the Collingswood Fire Department Emergency Medical Service program, the out of pocket expense will be paid for by funds in the membership program. This program is only valid for emergency ambulance response (9-1-1) and transportation to the closest appropriate Hospital. This program does not apply to non-emergency transportation.

By paying the annual fee in accordance with the table below, you and/or your family will be a member for one year. As a member you will be asked to provide our billing service with your insurance information, as needed.



For More Information Call:
Collingswood Fire Department
(856) 854-7447 X 0
www.collingswoodfire.com

Fees

Members	Membership Fee
Single	\$50
Family (Living in the same household)	\$60

Persons can enroll at any time during the year, however fees will not be pro-rated and your membership will expire on

March 31st 2023

How to Enroll?

Complete the form on the back of this brochure and mail along with a check for the appropriated amount as indicated above.

Make the check payable to:
The Collingswood
Fire Department/EMS
Membership Program

Mail check, and enrollment form to:

**Collingswood FD/EMS
Membership**
434 Haddon Avenue
Collingswood, NJ 08108

Name of Applicant	
Date of Birth	
XXX - XX -	
Social Security#	
Household or Business Address	
Home Telephone	
Daytime Telephone	
Mailing Address (if different)	
Amount Enclosed \$	
Medical Insurance Information	
Name of Health Care Insurance Carrier	
Policy Number	
Name of Secondary Health Care Insurance Carrier	
Policy Number	
Other Dependent Members Living in Same Household	
Name	
DOB	Relationship
Name	
DOB	Relationship
Name	
DOB	Relationship

(Use Additional Paper if Necessary)

**Collingswood
Fire Department
Emergency Medical
Services
Membership Program**



*When Minutes Count, Count on
Emergency Medical Services*