



Dear Friend of Rescue Inc.,

Rescue Inc., a non-profit agency, provides high quality, advanced cardiac life support and emergency medical services 24 hours a day, 365 days a year. Division I is located in Brattleboro and Division II in Townshend. We serve Brattleboro and 14 other surrounding communities in Vermont and New Hampshire.

Our challenges for this year continue to be: facing an uncertain financial climate within the health care industry, maintaining strict training certifications/standards and retaining employee/volunteer staff for our state-of-the-art operation.

An important source of income for Rescue is our **Subscription Program** which also provides direct benefits to participants. **Subscriber Benefits for each family member legally residing in the household July 1, 2011 – June 30, 2012 include:**

1. **Three** medically necessary local emergency calls;
2. **Three** physician approved, medically necessary, local non-emergency transfers;

(Unpaid balances relating to the above qualifying calls are covered.)

2011 Fee for Benefits: **\$50.00 With Insurance** **\$100.00 Without Insurance**

Please complete the information required on the enclosed subscription form and return with your fee to Rescue Inc. Your additional tax deductible donation would be most appreciated. Help us meet our ongoing goal of purchasing power-assist stretchers for all of our ambulances. Rescue Inc. depends on your contributions to provide top level service to the community.

Thank you for your support!

Darah Kehnemuyi

Mark Considine

Linda Goss

Chairman of the Board
of Trustees

Chief of Operations

Chief of Financial Operations

Note that the form below may be filled in using your computer but you cannot save data typed into the form. You may fill in the data and print out 2 copies if desired, one for Rescue Inc. and one for your records.

Rescue Inc. Subscription Membership Application

Period Covered: July 1, 2011 - midnight June 30, 2012

Subscriber Last Name _____ First _____ MI _____

Email Address _____ DOB _____

Phone _____ Check (X) One - New Renewal

Mailing Address : _____

Street

Town

Zip Code

Medicare # _____ Medicaid # _____

Other Insurance: _____

Policy # _____ Group # _____

Check (X) Only One	<input type="checkbox"/> Option 1 Subscriber and everyone applying on form has health insurance (private, Medicaid or Medicare).
	<input type="checkbox"/> Option 2 Subscriber and/or anyone applying on form does not have health insurance .

Name and data for all additional persons legally, permanently residing at above address who will be covered under this membership:

Name	DOB	Insurance/Group #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization for Billing and Release of Information: I request that payment of authorized Medicare and other insurance benefit be made either to me or on my behalf for any services rendered by Rescue Inc. I also authorize any holder of medical information about me to release to the HealthCare Financing Administration and its agents any information needed to determine these benefits or benefits for related services. I have read and agree to the terms and conditions of Membership.

Subscriber Signature

Spouse/Other Party

PAYMENT: \$50 - Have Insurance \$100 - Do not Have Insurance

Check enclosed. (Make check payable to Rescue Inc.)

Charge Visa____ M/C ____ Amex ____ Discover____

Card # _____ Expiration Date _____

I have enclosed an additional donation of \$_____ .

Estate Planning

- I have remembered Rescue Inc. in my will
- I want to learn more about gifts that provide income for life
- I want to make a gift of appreciated securities

Linda Goss will contact you if an item is checked. If you wish to make an appointment with Linda, please call 802-257-7679, Ext. 100 or email lgoss@rescueinc.org

Terms and Conditions: Membership in Rescue Inc.'s Subscription Membership Program provides subscriber and any enrolled individual legally, permanently residing in the same household the following benefits:

1. **Three medically necessary local emergency calls;**
2. **Three physician approved, medically necessary, local non-emergency transfers;**

(Unpaid balances relating to the above qualifying calls are covered.)

Note: Closest Facility/Local (depending upon pickup point) is either Brattleboro Memorial Hospital or Grace Cottage Hospital or Cheshire Medical Center.

Active benefits begin upon receipt of application and payment fee or July 1, 2011, whichever is later.

Rescue Inc. reserves the right to bill and receive payment from your insurance carrier. Payments made directly to you by your insurance carrier for services covered under this agreement are to be forwarded to Rescue Inc.

Memberships cannot be prorated.

Count on Us! *It's All About People* - Patients, Providers, Neighbors

Rescue Inc.

P.O. Box 593 Brattleboro, Vermont 05302

(802) 257-7679