

SOUTHWEST AMBULANCE APPLICATION
P. O. BOX 8884 SCOTTSDALE, AZ 85252-8884

PROTECT YOURSELF AGAINST UNEXPECTED AMBULANCE COST

Most people assume that their health insurance plan will cover the entire cost of emergency ambulance transportation. Yet they are surprised to find that they frequently face large out-of-pocket expenses because their insurance company pays only a portion of the cost.

As a member of the Southwest Medicare" ambulance membership program, regardless of how many times you or anyone in your family (living under the same roof) uses a medically necessary* Southwest Ambulance, you pay only one small fee each year. ONLY \$59.78 (per year/per household).

*** GUIDELINES FOR MEDICAL NECESSITY:**

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| <ol style="list-style-type: none">1. Ambulance transport as the result of an emergency situation, e.g., as a result of an accident, injury, of acute illness or,2. The patient requires restraint or,3. The patient is unconscious or in shock or,4. The patient requires oxygen or other emergency treatment enroute to the hospital or,5. The patient has to remain immobile due to a fracture or possible fracture or,6. The patient has sustained an acute stroke or heart attack or,7. The patient is experiencing severe bleeding or,8. The patient is bed confined before and after the ambulance trip or,9. The patient can only be moved by stretcher.10. The patient must be transported to the closest appropriate medical facility. |
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You pay no additional fees, not even a deductible! We simply bill your insurance companies, and accept whatever they pay as full payment of the bill. So protect yourself and your household today. Call for more information on how to enroll in this exciting program 1-800-645-9413
OR complete the portion below and forward with your check.

SOUTHWEST AMBULANCE MEDICAL TRANSPORTATION
P. O. BOX 8884
SCOTTSDALE, AZ 85252-8884

YES, I WISH TO ENROLL IN THE "MEDCARE" AMBULANCE MEMBERSHIP PROGRAM. ENCLOSED IS MY CHECK FOR \$ 59.78

NAME: _____

ADDRESS: _____

PHONE _____