



TOWN OF WARE FIRE DEPARTMENT

Thomas Coulombe
Fire Chief

Edward Wloch
Deputy Chief

200 West Street Ware, Massachusetts 01082
Station (413) 967-5901* Office (413) 967-9631* Fax (413) 967-9632
Email Chief- tcoulombe@townofware.com Email Deputy- ewloch@townofware.com

Dear Resident of Ware:

The Town of Ware Fire Department Ambulance Service annual ambulance subscription program is available for all Ware residents as a means of containing out-of pocket expenses related to ambulance transportation. The yearly subscription will cover all emergency medical transportation. Non-emergency medical transportation that is approved by a physician and documented on a medical necessity form is also covered. The annual period covered will begin on March 1, 2016 or upon receipt of payment and end February 28, 2017.

A subscription in the program applies to all members of a household living at the same address and is listed on the information sheet. As a subscriber, your insurance company will be billed for any service rendered. If your insurance does not cover the entire invoice, you will not be billed for any unpaid balance including co-pay requirements.

The annual fee for participation is \$50.00. The subscription will be in effect until March 1, 2017 at which time a new subscription fee will be required.

If you choose to become a subscriber, please complete the form on the back of this letter. Be sure to complete as much of the requested information as possible. A check made payable to the "Town of Ware- Ambulance Subscription fee" must be included for you to be enrolled in the service. Your canceled check will serve as your receipt. The subscription fee is nonrefundable. Coverage begins on receipt of your payment. The Town of Ware Ambulance subscription fee does not cover services from private ambulances services.

Membership applications and frequently asked questions can be found on the Town website www.townofware.com. You may also call the Office of the Chief at 413-967-9631.


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Ambulance Subscription Information

(Please Print)

Address of the Household as listed in the 2016 Annual Town Census:

Head of the Household is listed as:

Phone # _____

Additional members of the Household:

Name

Date of Birth

Optional: Are you currently covered by an insurance plan? Yes ___ No ___

Name of Insurance Company: _____

Address of Insurance Company: _____

Subscriber: _____ Policy # _____

All information will be kept confidential. Please complete application and return with a \$50.00 subscription fee to Town of Ware Fire Department Ambulance Service, 200 West Street, Ware, MA 01082 Attn. Ambulance Subscription Service.