

EMERGENCY MEDICAL TRANSPORTATION SERVICE



Emergency Medical Transportation Service is provided by the City of San Clemente.

As a subscriber of this service, emergency transportation will be provided to the nearest Emergency Hospital Receiving Center. This service is available to you and to all legal dependents of your household for \$40.00 per year.

Fee schedule without Transportation Service:
EMT/Ambulance Level of Service: \$704.61
Paramedic Level of Service: \$1,091.96
(Please see reverse side for application form)



Contact: City of San Clemente Accounting Department at (949) 361-8282

**EMERGENCY MEDICAL
TRANSPORTATION SERVICE
RULES AND REGULATIONS**

What it is:

- (1) An alternative to the high costs of private emergency medical transportation.

- (2) A service that cover you and all **legal** dependent members of your household as many times as emergency service is needed during the year.

- (3) Available only to residents of San Clemente. Service provided must occur within the area normally served by the City of San Clemente Fire Department.

NOT COVERED

Routine transfers from:

- Hospital to hospital.
- Home to hospital (non emergency).
- Home to doctor's offices.

How the system works:

When 911 is called, transportation will be provided to the nearest Emergency Hospital Receiving Center. Your insurance, Medicare or Medi-Cal, will be billed and if you are a subscriber to this low cost emergency service, fees not covered by your insurance are covered under the subscription. If you are not a subscriber, the usual fees for emergency transportation services will be due and payable.

**MEMBERSHIP
APPLICATION**

Date: _____

Applicant' Name _____

Street _____

San Clemente, CA _____

Phone Number _____

Legal Dependent Family Members:

_____/_____
Name Relationship

_____/_____
Name Relationship

_____/_____
Name Relationship

Insurance Carrier: _____

* * * * *

I acknowledge that I am familiar with the rules and regulations pertaining to this Emergency Medical Service and agree to be governed by the same.

Signature: _____

**MAIL THIS APPLICATION WITH YOUR CHECK
FOR \$40.00 TO:**

City of San Clemente
Finance Department
910 Calle Negocio
San Clemente, CA 92673

All changes or cancellations regarding your application must be submitted in writing to the above address. An annual renewal notice will be sent to you.

UPON RECEIPT OF PAYMENT YOUR CERTIFICATE FOR SERVICE WILL BE MAILED TO YOU PROMPTLY.