

Middlebury Regional Emergency & Medical Services (MREMS)

Thank you for your support of **MREMS**.

What started as a citizen-led, all volunteer organization has evolved into a dual volunteer and career staff service proudly serving Addison County for more than 50 years.

Much more than just local ambulance service, Middlebury Regional EMS has provided services for the State and Community such as:

- Paramedic-Level Services
- 911 Ambulance Responses
- First Responder Services
- Heavy Rescue Services
- Community Education
- Dispatch & Answering Services
- Covid-19 Outbreak Testing
- Covid-19 Vaccination Clinics
- Fire Department Standby Assistance

We are here to serve you and your family in your time of need.

As a non-profit organization providing critical services to the community, we ask you to support our mission by becoming a member today.

Thank you.

MREMS Staff and Board of Directors

Membership Agreement Terms

I hereby apply for the **Middlebury Regional EMS (MREMS)** service subscription membership program as indicated on the reverse side of this form. I understand that the indicated fee provides local emergency ambulance services to members and their registered associates as indicated and qualified, and as determined to be medically necessary within the service area of **MREMS** at no additional cost during the time of the prescribed agreement (**MREMS** fiscal year period of July 1 to June 30). I also understand that this membership permits **MREMS** to collect directly from any third party agency whatever benefits may be available at no charge to me, my family, or my constituents, and that this membership is non-refundable and non-transferrable. I request that any payment of any authorized insurance benefits be made on my behalf to **MREMS** for any services furnished by this health care provider or supplier. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.

Signature _____

Date _____

Middlebury Regional Emergency & Medical Services (MREMS)

55 Collins Drive • Middlebury, VT 05753
(802) 388-3286 • (802) 989-7245 Fax

www.middlebury911.org



**Providing quality care
when you need it.**



Serving Addison County Since 1970

Middlebury Regional EMS

Annual Membership Program

Membership year: July 1, 2023–June 30, 2024

Why Should You Become a Member?

If the past few years have taught us anything, it's the importance of emergent response and assistance. You never know when you or your loved ones will be in need of our critical emergency services. Without this membership the cost for 911 ambulance services could exceed \$1,000. An MREMS membership guarantees you won't be billed for the costs that your insurance does not cover.

Subscription Plans

\$75 Single: a single person who has no other persons living in the household.

\$85 Double: two people living at the same physical address.

\$100 Family: all people living at the same physical address, including all legal dependents.

Business: The business must be registered with the state of Vermont. Minimum of 5 employees for this membership. Cost per employee \$55.

Membership applies to resident and business subscribers who live and work in the 10 towns we service: Middlebury, East Middlebury, Bridport, Cornwall, Orwell, Ripton, Salisbury, Shoreham, Weybridge, Whiting, and parts of New Haven.

We bill your insurance company directly. Your membership **is not** an insurance policy—it covers any outstanding fees that your insurance carrier does not cover.

Questions? Please call (802) 388-3286 if you have any further questions about our annual membership programs.

Membership Application

Name (primary member or business): _____

Mailing Address: _____

Phone: _____

Email Address: _____

Please list names of household or business members to include in membership: _____

Membership

\$75 Single **\$85 Double** **\$100 Family**

Business: \$55 per employee
Total # of employees _____ X \$55/per employee = \$ _____

I would like to include an additional donation of \$ _____ .

Payments can be made by check payable to MREMS, or by Visa or Mastercard. MREMS reserves the right to any third-party billing. All program fees are tax deductible—a copy of your application is your receipt.

Method of payment

Check # _____ MasterCard Visa

Card # _____

Expiration date: _____ 3 or 4 digit security code _____

Cardholder Name _____

Billing address (if different from above) _____

Signature _____ Date: _____

Please see back panel of this brochure for membership agreement terms.

MREMS respects your privacy. We will not share any of your information with 3rd parties.