

**Annual  
Membership Terms**

The following are the terms of the Ambulance Aid Membership plan;

1. The Plan is available to all residents of Dinwiddie County and the family members who live in the resident's household (provided that they are enrolled in the plan at the time of application) and to individuals who work in the county.
2. The Plan covers medically necessary (as defined in the health plan) ambulance transport services to the hospital provided by Dinwiddie County. Transports from the hospital are not included in this plan.
3. I, further understand that Dinwiddie county does not provide non-emergency transportation or wheelchair transportation.
4. The Plan only pays for the cost not covered by a health plan. Dinwiddie County will submit a claim for payment to the health plan for each ambulance transport.
5. Plan members agree to assist the County in collecting payments from the health plan, to promptly provide necessary information and signatures for the submission of claims to the health plans, and do any other things which may be reasonably necessary to help Dinwiddie County collect payment.
6. If the Plan member receives a payment for the ambulance transport directly from the health plan, the member will immediately forward such payment to Dinwiddie County. The failure to remit this payment to Dinwiddie County within five days of receipt will result in the full cost of the ambulance transport

being borne by the plan member.

7. The Plan membership will be effective every January 1st through December 31st upon receipt of full payment and a signed membership contract.
8. The Membership fee is non-refundable and non-transferable.
9. I, the undersigned request that payment of authorized benefits be made on my behalf to: Dinwiddie County Fire & EMS, PO Box 637832, Cincinnati, OH 45263 for any ambulance services provided to me by Dinwiddie County.
10. I authorize any holder of medical information or documentation about me to release any information or documentation needed to determine these benefits or benefits payable for related services provided to me by Dinwiddie County, now or in the future.

**NOTICE: In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check on your bank account for the collection of the amount of the check plus any applicable fees as permitted by law. THE USE OF A CHECK FOR PAYMENT IS YOUR ACCEPTANCE OF THIS POLICY. By signing this form and paying my membership fee I agree to the terms and conditions listed.**

**For more information contact:  
Dinwiddie Fire & EMS  
13850 Courthouse Rd  
Dinwiddie, VA 2384  
P: 804-469-5388  
F: 804-469-4040**

**Ambulance Aid is a pre-paid service program offered by the County of Dinwiddie. At no time will you be denied emergency medical services or transport based on insurance status or ability to pay.**

## DINWIDDIE COUNTY FIRE & EMS



## AMBULANCE AID

**THE AMBULANCE AID  
PROGRAM IS AN  
ANNUAL SUBSCRIPTION  
PLAN THAT HELPS PAY  
FOR THE RISING COST  
OF EMERGENCY  
MEDICAL CARE AND  
TRANSPORT**

**2024  
ANNUAL  
SUBSCRIPTION**

Ambulance Aid is a way to protect you and your loved ones from the unexpected cost of emergency ambulance transport.

**The current cost of an emergency ambulance transport in Dinwiddie County can range from \$475.00 for BLS service to \$800.00 for ALS services plus \$12.00 per transported mile.**

These costs may be covered by your healthcare plan or Medicare; however, many times they can be a significant deductible or the transport can be denied by the insurance provider. If this occurs or you are uninsured this can leave you with substantial bills from the emergency transport. Ambulance Aid offers you protection from

these costs. It will cover you and any other household members for emergency



transportation to the hospital for just **\$29.00 for a single household member and \$59.00 for a family.**

**This means that an Ambulance Aid Subscription could more than pay for itself in one trip alone. The plan will protect you from January 1, 2024 through December 31, 2024.**

**The plan is available to all residents of**

**Dinwiddie County and the family members who reside in the subscriber's household and to individuals that work in Dinwiddie County.**

Ambulance Aid Subscription will cover emergency medical transport from anywhere in Dinwiddie County to **the nearest appropriate hospital, not the hospital of choice.** If an ambulance responds but the patient is not transported, there will be no charge.

**IF YOU HAVE AN  
EMERGENCY AND NEED  
AN AMBULANCE  
CALL 911**

Remember always call 911 in an emergency, regardless of your billing concerns. Our **first priority** is your health and safety, not cost recovery.

Emergency Medical Services will be provided to all citizens, regardless of their financial circumstances.

Each ambulance is equipped with sophisticated lifesaving technology that is critical during an emergency and at least one member on duty is trained in Advanced Life Support (ALS).

**HERE IS HOW TO JOIN**

Simply complete the enclosed application and enrollment contract form and return it to the address below. **Only those household members listed on the form will be covered under the plan.**

Return the form to us with a check, money order or authorization to charge your Visa or MasterCard account for **\$29.00 for a single member household and \$59.00 for a family.**

As soon as we receive your signed application and payment, you will be automatically enrolled into the Ambulance Aid Subscription plan year 2024.

**Coverage begins January 1, 2024 through December 31, 2024**

---

**DINWIDDIE COUNTY  
FIRE & EMS**

**PO Box 371  
Dinwiddie, VA 23841**

**Phone: 804-469-5388  
Fax: 804-469-4040**