



PLYMOUTH

COMMUNITY AMBULANCE ASSOCIATION

902 Germantown Pike • Plymouth Meeting, PA 19462

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2025-2026 MEMBERSHIP DRIVE

Plymouth Community Ambulance Association (PCAA), is a non-profit organization of volunteers and career professionals who strive to provide the best medical care possible to the residents and visitors in the communities we serve (Plymouth Township, East Norriton Township, West Norriton Township, Bridgeport Borough, Norristown Borough, Worcester Township, Lower Frederick Township, Upper Frederick Township, Schwenksville Borough, Perkiomen Township, Upper Salford Township, and Limerick Township). We offer an annual membership subscription program to save you money in the event you or your family need a medically necessary emergency ambulance transport or medical treatment on scene without ambulance transport.

What does a PCAA Membership mean to you and your loved ones? Emergency ambulance transports can cost more than \$2,500 and most insurances do not pay 100% of the charge. Our affordable one-time subscription payment is designed to protect you and your family financially after experiencing a medical emergency. As a member, you will not be responsible to PCAA for emergency ambulance transport co-pays or co-insurances not covered by your insurance company. Additionally, the cost of on scene medical treatment without ambulance transport will be reduced for our members.

Hear from a resident: *"Plymouth Community Ambulance Association provided emergency medical care and transport to save my 16-year-old son's life. Just thinking of this horrific experience is overwhelming and I am honestly SO grateful to PCAA for calmly and quickly making lifesaving decisions and transporting him as fast as possible to CHOP. My son looks forward to personally thanking the PCAA Paramedics who saved his life."* -Kim G.

What does the PCAA Membership program mean to our community? We depend on membership fees and donations to staff ambulances, purchase lifesaving equipment, train EMTs and Paramedics, and provide quality medical service in the most serious of situations, 24 hours a day, 7 days a week, and 365 days of the year. PCAA ambulances respond to over 16,000 emergency dispatches per year. Your membership and support help make this possible.

How do I sign up? It's easy to sign up for the PCAA Membership and you can join any time! Become a member today by mail or online at medic308.org/membership. Membership is valid from May 1, 2025, until April 30, 2026. Frequently asked questions and answers are also available at medic308.org/membership.

Thank you from the Paramedics and Emergency Medical Technicians of Plymouth Community Ambulance Association

A Membership Subscription does not represent that you are a volunteer member of PCAA. This is for help with co-payments and co-insurances.

If you have an Emergency call 9-1-1 and EMS will come to your aid.

"The official registration and financial information of Plymouth Community Ambulance Association may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732.0999. Registration does not imply endorsement."

2025-2026 MEMBERSHIP DRIVE

Subscription Rates

- ☐ Individual \$75 ☐ Family \$125
☐ Senior Single \$45 ☐ Senior Couple \$60

Subscription Rate: _____
Donation (Optional): _____
Total Enclosed: _____



_____/____/____ _____

EXP. DATE

CVV

Make Checks Payable To:

Plymouth Community Ambulance
902 Germantown Pike
Plymouth Meeting, PA 19462

Reference Number:

Email Address: _____

Please complete the back of this form before returning.



This subscription entitles holder unlimited Emergency Medical Service until April 30, 2026, subject to terms and conditions which are available upon request.

Plymouth Community Ambulance Association reserves the right to all available third party claims.

**For additional information call
610-277-2776 x1**

Thank You For Your Support

PLYMOUTH COMMUNITY AMBULANCE ASSOCIATION

Sign and Return This Completed Form with Payment
Please list all family members residing in your home. Please print all names.

_____	_____
_____	_____
_____	_____

Telephone Number: () - ____ - _____

Authorization

I understand that I am financially responsible for the services provided to me by Plymouth Community Ambulance Association, referred to as "PCAA" regardless of my insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to PCAA or its billing agent for any services provided to me by the Centers for Medicare and Medicaid Services and its carriers and agents, as well as PCAA and its billing agents, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by PCAA, both now or in the future. A copy of this form is as valid as the original. I also agree to immediately remit to PCAA any payments that I receive directly from any source for the services provided to me. If indicated on the reverse side, I authorize Plymouth Community Ambulance Association to charge the total amount of my subscription payment to my credit card account. I agree to the terms and conditions of the subscriber program described above. I verify that I am not a Medicaid recipient. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of the subscription program, and I hereby apply to be a subscriber of PCAA.

Signature: X _____ Date: _____
Head of Household or Credit Card Holder (If Applicable)