

Bethany Beach Volunteer Fire Company
Emergency Medical Service
PO Box 950
Bethany Beach, DE 19930
302-539-7700

I hereby apply for a Bethany Beach Volunteer Fire Company ("BBVFC") ambulance subscription ("Subscription") for the property listed below (the "Covered Address") for the period 1/1/26-12/31/26. I understand the Subscription covers emergency ambulance service for the owners and their immediate family ("Covered Individuals") staying at the Covered Address to Beebe Medical Center, Beebe Healthcare South Coastal Emergency Department, Bayhealth Hospital-Sussex Campus, Atlantic General Hospital or Peninsula Regional Medical Center as directed by the Sussex County Medical Director. I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to the BBVFC for any services provided to me by the BBVFC now, in the past, or in the future. I agree to immediately remit to the BBVFC any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the BBVFC. I authorize the BBVFC to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the BBVFC and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the BBVFC, now, in the past, or in the future. A copy of this form is as valid as an original.

Signature _____ Date _____

Printed name _____

Local address _____

Phone # _____

Email address _____

MAIL COMPLETED FORM AND CHECK FOR \$60 MADE OUT TO BBVFC-EMS 2026
TO THE ADDRESS ABOVE. KEEP A COPY FOR YOUR RECORDS.
Please consider making an additional donation. – Thank You!