

About Us...

Northern Valley Emergency Medical Services, Inc. (NOVA) is a not-for-profit 501(C)(3) organization which will respond to more than 3,600 emergency calls this year. More than half of these calls will be life threatening. Our Pennsylvania licensed ambulances are equipped with state-of-the-art equipment and staffed with highly qualified emergency medical personnel who meet the National Standards.

In case of an EMERGENCY, DIAL 911.

For Non Emergency Medical Transports, please call our Business Office at 610-262-1075.

NORTHERN VALLEY EMS, INC.

Northern Valley EMS, Inc. provides service to Heidelberg, North Whitehall and Washington Townships, the Boroughs of Slatington and Walnutport, and portions of Lowhill Township.



Keep this for your records:

Amount Paid Check# Date

January – December 2018

NORTHERN VALLEY



EMS

SUBSCRIPTION

NOVA AUXILIARY 2018 CALENDAR

JANUARY 2018

Apple Dumpling Sale

FEBRUARY 2018

Cherry Pie & Soup Sale

COMEDY NIGHT DINNER AND SHOW 02/24

MARCH 2018

Shoo-fly Pie Sale

APRIL 2018

Bazaar with Baskets
Easter Paska Bread Sale

MAY 2018

Primary Election Day Sale: pies, breads, soups & sandwiches

JULY 2018

Chicken BBQ (eat in or take out)

SEPTEMBER 2018

Shoo-fly Pie Sale

OCTOBER 2018

Apple Dumpling Sale

NOVEMBER 2018

Election Day Sale: pies, breads, soups & sandwiches
Thanksgiving Sale: bacon dressing, filling & nut roll

DECEMBER 2018

Holiday Shoppe

**Banquet Hall Rental Inquiries
Call 610-799-3483 or
610-262-1075**

NOVA '18

Northern Valley Emergency
Medical Services, Inc.

Caring is what we do best!

2375 Levans Road
Coplay, PA 18037-2202
610-262-1075



SUBSCRIPTION CAMPAIGN

BECOME A NOVA SUBSCRIBER TODAY!

Why should I subscribe?

Your subscription and donation provide NOVA with the necessary support needed to continue providing exceptional quality emergency care. We are your emergency medical services provider. Money raised through subscriptions is used to meet operating costs, purchase equipment, and train staff.

Your subscription provides you and family members residing in your household with the peace of mind that your share of the ambulance bill will be lower. Most insurance providers only pay a portion of the charges for ambulance services, your subscription guarantees that you will not be responsible for all of the outstanding balance. Your subscription covers any applicable deductible, co-payment or co-insurance up to \$500 per emergency ambulance trip. As a subscriber, your portion of the bill under \$500 will be covered if you should suffer an illness or injury that requires medically necessary emergency ambulance services. You will also receive a discounted rate for non-emergency transports and any other services not covered by your insurance plan.

At the present time, NOVA does not own or operate a wheelchair van. However, subscribers that are in need of this service will receive a discounted rate for the transport with a designated non-emergency service that honors this agreement.

All emergency responses provided by NOVA will be billed to your insurance carrier or Medicare for medically necessary services rendered.

I have health insurance. Why should I subscribe?

Check with your plan. Your ambulance bill may not be fully covered. Most health insurance policies come with deductibles and co-payments or co-insurance.

But I'm on Medicare...

Medicare may not cover every expense.

What if I don't have health insurance?

If you do not have insurance coverage, as a subscriber you will only be responsible for any charges over \$500.

Non-subscribers are responsible for the full cost of service which could exceed \$1,000.

Do you bill my insurance?

YES! We will bill your insurance carrier or Medicare for the services we provide whether or not you are a subscriber.

Both subscribers and non-subscribers are responsible for forwarding any payments they receive from their insurance carrier to NOVA immediately upon receipt!

When does my subscription start?

Returning your subscription today will cover you from January 1 through December 31, 2018. (Subscriptions are neither retroactive nor pro-rated.)

SUBSCRIPTION FORM

Single / Individual Subscription: \$45.00
Household Subscription: \$65.00

PLEASE PRINT

1. Name _____
Street Address / P.O. Box _____

City _____ State _____ Zip _____
Phone _____
Township or Borough _____
2. Please list full names of family members residing at this address

Donations Welcome & Appreciated

\$25 \$50 \$100 \$250 Other \$ _____

Subscription Total \$ _____

Donation Total \$ _____

Total Enclosed \$ _____

(Check or Credit Card)

Name on Credit Card _____

Credit Card # _____

Expiration Date _____ Security Code _____

Visa MasterCard Discover

Please make checks payable to
"Northern Valley EMS"

PLEASE DETACH & RETURN THIS PORTION WITH PAYMENT.
YOUR CANCELED CHECK IS YOUR RECEIPT.