

**COST SAVINGS BENEFITS OF  
ONAWAY PLUS MEMBERSHIP**

**AS AN ONAWAY PLUS MEMBER:**

- No out-of-pocket expense for medically necessary ambulance service.
- Your family can avoid the financial hardship of unexpected ambulance bills.
- You'll get protection that goes beyond insurance and Medicare coverage.
- We bill Medicare or your insurance company direct.
- One membership covers your entire family. You can add other non-dependent family members for an additional \$5.00.

Cost of Ambulance Service	Non-Members	Members
Basic Life Support	\$500	\$0.00 out of pocket expense
Advanced Life Support	\$700 & UP	\$0.00 out of pocket expense

**Did you remember to:**

- Make sure the application is complete?
  - Sign the application by the red **X**?
- Include a check or money order for \$60.00 payable to:
 

**Onaway Area Ambulance**  
P.O. Box 454  
Onaway, MI 49765

**Your membership goes in effect  
July 1, 2017 through June 30, 2018**

U.S. Postage  
PAID  
Onaway, MI  
Permit No 28

Onaway Area Ambulance Service  
P.O. Box 454  
Onaway, MI 49765-0454

Current Resident

**ONAWAY +EMS PLUS**  
733-4166



**Support Your Community  
Ambulance Service**  
Join the  
**Onaway Plus Membership Plan**

**ENROLL TODAY**  
to protect your household  
**July 1, 2017 to June 30, 2018**

Anyone who lives or works in the following townships is eligible to join **Onaway Plus.**

Allis  
Case  
Bearinger  
North Allis  
City of Onaway  
Ocqueoc  
Forest  
Waverly

**Onaway Plus** was started because we recognized that the high cost of ambulance service was creating a burden for many people in our community. With the cost of ambulance service averaging more than \$800, and because most major insurance carriers do not cover ambulance service, **Onaway Plus** protects you from the unexpected cost of emergency care. More importantly, **Onaway Plus** allows you to call for help without ever worrying about the cost.

Whether a love one is suffering chest pain or a child is complaining of pain after a fall, our highly trained staff will be at your door in minutes and you are covered with no out-of-pocket expense to you.

We sincerely hope you never have a medical emergency requiring an ambulance. However, a \$60 **Onaway Plus** membership gives you unsurpassed protection against unexpected medical expenses.

**I understand that Onaway Plus is not an insurance.** By enrolling in the membership, **Onaway Plus** will receive payment from any insurance company I may have for reimbursement of the charges of all ambulance services provided. I will be obligated to forward any payment made by my insurance companies to Onaway Area Ambulance Service. Each person covered by this contract authorizes the holder of medical information or documentation needed to determine benefits payable for services provided to the patient by service to release all such information. The membership fee is nonrefundable. We no longer send membership cards.

X

(SIGNATURE)

(DATE)

**NAMES OF COVERED MEMBERS**

*(self, spouse, unmarried children under age 21 living at home)*

FAMILY MEMBER INFORMATION	LAST NAME	FIRST NAME	BIRTH DATE	SEX (M OR F)

HOME ADDRESS OF MEMBERS

CITY STATE ZIP HOME PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP PHONE

PAYMENT

( ) Enclosed is my check or money order for \$60 made payable to  
**Onaway Area Ambulance Service**  
**P.O. Box 454**  
**Onaway, MI 49765**