



# 2026 Subscription Drive

## 2026 Subscription Drive

5702



WEST ALEXANDER, PA 15381  
20 DUTCH FORK CHURCH RD  
RESIDENT  
15844 NONWOOD COUNTRY DR  
WAXED WOOD, PA 15381



Scan this QR code or go to  
[canonsburgambulance.org](http://canonsburgambulance.org)

### IN AN EMERGENCY

- Stay Calm
- Call 911
- Follow the dispatcher's instructions
- Turn on outside lights to identify your house.
- Clearly state:
  - Your name
  - Nature of your emergency
  - Location the ambulance is needed
  - Phone number
  - Request Canonsburg Ambulance Service



Subscriber  
Number:

### SECTION I — PATIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing. NOTE: If the patient is a minor, the parent or legal guardian should sign in this section.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by CAS now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by CAS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to CAS 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 CAS. I authorize CAS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing, or other relevant information about me to release such information to CAS 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 CAS now, in the past, or in the future. I also authorize CAS to obtain medical, insurance, billing, and other relevant information about me from any party, database, or other source that maintains such information.

If the patient signs with an "X" or other mark, a witness should sign below.

X	_____	Date	X	_____	Date
	Patient Signature or Mark			Witness Signature	
_____					
Witness Address					

### Please list yourself and all family members residing in your home:

_____	_____	_____	_____
First Name	Last Name	First Name	Last Name
_____	_____	_____	_____
First Name	Last Name	First Name	Last Name

**Canonsburg Ambulance Service** is the designated 911 Emergency Medical Services provider for Canonsburg Borough, Houston, Donegal, and parts of Chartiers Township. Our stations on Pike Street and in West Alexander are staffed with Advanced Life Support crews 24 hours a day, 365 days a year. The majority of our staff has over 15 years of field experience to answer your call for help.

By becoming a **subscriber**, you are supporting our mission to provide quality, affordable pre-hospital care to our community, while limiting your out-of-pocket expenses.

**Q. Who can become a subscriber?**

A. Any resident of our primary response area, which includes Canonsburg Borough, Houston, Donegal, and parts of Chartiers Township, is eligible to become a subscriber. This includes residents of extended care nursing and personal care facilities. A Family Subscription covers all individuals living with you.

**Q. I have health insurance. Why do I need to subscribe to an ambulance service?**

A. Your health insurance may only cover a portion of the total bill. Your subscription will cover 50% of your copay for any medically necessary transport.

**Q. I don't have medical insurance or my insurance doesn't cover ambulance transport?**

A. As a **subscriber**, you will receive discounted subscriber rates for your transport, which is 50% of the non-subscriber rate.

**Q. What is "Third Party Billing?"**

A. When you use our service, we will bill any insurance company that you may have. We agree to accept what your insurance pays. You receive a 50% discount for any additional balance.

**Q. What is the "Authorization for Third Party Billing" on the back of the application?**

A. By signing the authorization, you are allowing us to bill your insurance if you use our service. You are also agreeing to send us any insurance payments for transport that may be sent directly to you.

**Q. If I have Medical Assistance/Medicaid, do I need to subscribe to an ambulance service?**

A. No, You are already covered by the Commonwealth of PA.

**SUBSCRIPTION RATES**

Individual Plan.....\$45

Family Plan.....\$65

Covered from January 1, 2026 to December 31, 2026

**BENEFITS OF SUBSCRIBING**

- Discount for Lift Assist and Non-Transports
- Discount rates for any emergency not covered by insurance
- Discount rates for any non-emergency transport deemed not medically necessary and for pre-scheduled long-distance transports

**NOTE:**  
To schedule non-emergency transportation or to obtain clarification for any of our services, just call:  
**724-745-6911 24 Hours a Day**

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**Turn on the OUTSIDE LIGHTS to identify the house.**

At all times—priority will be given to emergency calls. Non-emergency transfers may at times have to be rescheduled.

If your condition is not life-threatening, you will be taken to an area hospital of your choice. By providing your phone number, you agree that the employees, agents, allied health professionals, contractors, other representatives of Canonsburg Ambulance Service and its affiliates, and/or any party contracted on their behalf may contact you using automated dialing, pre-recorded script, and/or interactive voice response technologies for healthcare-related or account administration-related communications, including but not limited to collection of financial liabilities owed. You understand that you may opt-out of these types of communication methods without impacting your ability to receive care.

**DONATIONS**

**Canonsburg Ambulance Service** is a non-profit, charitable organization. Paid subscription amounts may be tax-deductible as a medical expense. However, any other additional payment you make to support the Canonsburg Ambulance Service's charitable purpose may be deductible as a charitable donation. Please check with your tax advisor. Subscription amounts are NOT charitable donations.

If you have benefited from Emergency Medical Services or simply appreciate the availability of a local ambulance service, please consider donating on a separate check.



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**2026 SUBSCRIPTION APPLICATION**

**2026 Subscription Card**

**Please fill out this application on BOTH SIDES.** Be sure to sign the BILLING AUTHORIZATION. Mail the completed application with your payment in the enclosed pre-addressed envelope. **For additional information, call 724-745-6911.**

**Make check or money order payable to: Canonsburg Ambulance Service, 209 West Pike Street, Canonsburg, PA 15317**

Check appropriate block and amount sent:  Individual Plan – \$45  Family Plan – \$65  Donation \$ \_\_\_\_\_

**To register or renew your subscription online, please visit [canonsburgambulance.org](http://canonsburgambulance.org)**

Date completed \_\_\_\_\_ Check one:  New  Renewal **Total enclosed \$** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Please check borough or township where you reside:

Canonsburg  Chartiers  Houston  Donegal  Other \_\_\_\_\_

(Over, please)

Expires Dec. 31, 2026 | KEEP FOR YOUR RECORDS

**2026 Subscription Card**

**CANONSBURG AMBULANCE SERVICE**

**724-745-6911**

**In an emergency, call 911.**