

May 2009

Dear Resident:

Since July 1983, the City of Fullerton has charged a per call fee for paramedic services. This fee applies to residents and nonresidents alike, and the amount of the fee depends on the type of services rendered. An ALS (Advance Life Support) charge is currently \$500 and a BLS (Basic Life Support) charge is \$250.

As a Fullerton resident, you have an alternative to these per call fees. You can take advantage of a special Paramedic Subscription Program that provides paramedic coverage at a very modest annual cost. The subscription cost for one year (July 1 through June 30) is \$42 and covers you and all permanent members of your household for paramedic services. If you enroll after June 30, there is a \$10 late fee and you will only be covered for the remainder of the subscription year ending June 30, 2010.

If you join the Fullerton Paramedic Subscription Program and move to another part of the City during the year you are still covered, but you must notify the Fire Department of this change. If you move out of the City, you will not be covered. This program is only available to Fullerton residents and the fee is non-refundable.

If you have Medicare/Medi-Cal coverage you should be aware that these plans do not cover the Paramedic Service charge.

If you join the Paramedic Subscription Program after using the Paramedics, and you are billed for the call, you must pay the per call charge. This bill will not be waived. Your subscription, once you enroll, will be good for the remainder of the subscription year.

Important: Neither the Fullerton Paramedic Subscription Program, nor the per call fee include ambulance costs. The Fire Department provides only emergency medical treatment to the patient. A separate company provides transportation and the patient will be billed by the ambulance company for their service. If you have any questions, please call (714) 738-6341.

The Fire Department must receive your check before July 1, 2009, or there will be a \$10 late fee charged.

FULLERTON PARAMEDIC SUBSCRIPTION PROGRAM APPLICATION

Please fill out the form completely. Enclose check or money order in the amount of **\$42** made payable to the 'City of Fullerton.' Detach and return form with payment to:

Fullerton Paramedic Subscription Program, 312 E. Commonwealth Ave., Fullerton, CA 92832

Name of Subscriber _____

Address _____ Unit# _____

Zip Code _____ Telephone # _____

Billing address for next year's renewal if different than subscriber's address.

Name _____

Address _____ Unit # _____

City _____ State _____ Zip Code _____

Do not send cash. Your canceled check is your receipt. Add the \$10 late fee, if applicable.