ENROLLMENT INSTRUCTIONS

Option 1 (preferred)

Enroll online at **cityoffullerton.com/paramedic** or scan the QR code on the back of this brochure.

Option 2 (by mail)

Tear off this perforated panel, complete the form on the reverse, and return it with your check made out to "City of Fullerton."

Fullerton Fire Department
Attn: Paramedic Subscripton
312 E Commonwealth Ave
Fullerton, CA 92832

Important: Payments will ***not*** be accepted at City Hall. Please **enroll online** or return this voucher directly to the Fire Department.

EASY ONLINE ENROLLMENT

cityoffullerton.com/paramedic
or
fullertonparamedic.org

SCAN THE QR CODE
USING YOUR SMARTPHONE
CAMERA APP

CONTACT US

Phone
(714) 738-6341
Email
info@fullertonfire.org

FULLERTON EST. FIRE 1908 Courtesy & Service DEPARTMENT

PARAMEDIC SUBSCRIPTION PROGRAM

Membership Term:
July 1, 2025 to June 30, 2026

Enroll online!
cityoffullerton.com/paramedic
or
fullertonparamedic.org

FREQUENTLY ASKED QUESTIONS

How many service visits does the program cover? Membership benefits apply to unlimited service vists anywhere in the City of Fullerton.

Is membership required to receive emergency medical services? No, Fullerton Fire Department will respond to all emergency calls, regardless of membership status.

How does membership work with my health insurance plan? We will bill your insurance company for the services provided. Membership will cover up to $883 in remaining out-of pocket expenses.

I have Medicare. Should I still consider joining the program? Yes, the program benefit can be applied after Medicare is billed to cover out-of-pocket costs, such as co-payments or deductibles that may remain after Medicare pays its portion.

Our household is covered by Medi-Cal. Are we eligible for the program? No, a household is ineligible for the program if all its members are enrolled in Medi-Cal or similar state Medicaid program. These programs generally do not require recipients to pay a cost-sharing amount.

PARAMEDIC
Subscription Program

HOW MUCH WILL YOU SAVE?

$46 Annual Fee per Household

*Up to 10 residents per household membership.

*Assisted living residents are considered single-member households unless a married couple shares a private unit. Group residences may not enroll multiple residents under one household rate.

POTENTIAL OUT-OF-POCKET SAVINGS**		
INSURANCE TYPE	NON-MEMBER BILL	**MEMBER BILL**
Medicare / Medicare HMO (plan dependent)	$297.00	$0.00
	$883.00	$0.00
HMO/PPO Plan (with 20% coinsurance)	$556.52	$0.00
	$658.61	$0.00

** The scenarios shown are sample estimates for illustrative purposes only. Actual charges and savings may vary based on your specific insurance coverage and services provided. Please contact the Fire Department for full details.

MAIL-IN ENROLLMENT FORM

Full Name:

_____

Additional Household Members:

_____

_____

_____

_____

_____

Address:

_____

_____

_____

Phone Number:

_____

Email:

_____

☐ **$46 per household**

Amount Enclosed: _____

Please do not send cash.