How To Enroll

Complete the EMS Prepay Application (please print or type). *Make your check or money order in the amount of $50.00 payable to AMB - Charles City County.*

Mail the completed Application and your form of payment to:

Charles City County
Attn: Lesa Jones
10900 Courthouse Road
Charles City, Virginia 23030

After your application is processed, your canceled check will serve as receipt confirming your enrollment in the subscription program.

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For assistance with billing questions, please call Ambulance Medical Billing (AMB) (844) 889-7701

Revised August 2017

Questions about billing?

Contact:
(Ambulance Medical Billing)
AMB
(844) 889-7701

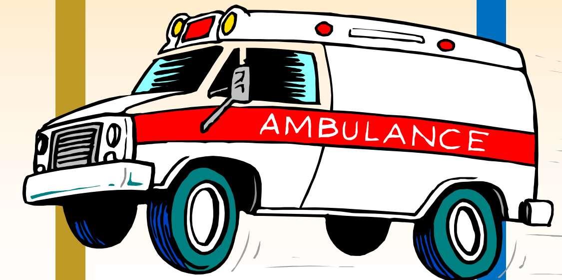
For questions concerning this prepay program contact:

Lesa Jones
Executive Office Assistant
Charles City County
County Administrator Office
10900 Courthouse Road
Charles City, VA 23030
(804) 652-4702

Call 911 for Emergencies!!!

EMS PREPAY APPLICATION

HELP DEFRAY OUT OF POCKET EXPENSE



EMERGENCY MANAGEMENT SERVICE
(Oct. 2017 - Sept. 2018)

Charles City County
Emergency Medical Service

24 Hours Ambulance Service

Telephone: (844) 889-7701

Call 911 for Emergencies!!!

October 2017 - September 30, 2018

EMS Prepay Application Form

The EMS Prepay Program is a subscription program to help citizens defray out of pocket expenses, such as health insurance co-payments and deductibles, when they need emergency ambulance transportation. On October 1, 2007, Charles City County began billing for emergency ambulance transportation as part of the County's EMS Cost Recovery Program. Subscribers will not be charged for any cost not covered by their insurance company. Potential subscribers should check with their health insurance carrier to determine if the EMS Prepay Program is right for them.

For $50.00 a year, a subscriber may enroll all members of his or her household. A subscription covers individuals listed on the application form, who reside at the listed address. A residential subscription also includes family members of the subscriber listed on the application, who reside in the assisted-living or nursing facilities located within Charles City County.

This subscription period runs from time application is received until September 30, 2018

Mail Application To: County Administrator's Office, Attn: Lesa Jones, 10900 Courthouse Road, Charles City, VA. 23030

Part 1 - Applicant

Last Name	First Name	Middle	Social Security Number *(Optional)*	Date of Birth

Street Address

City	State	Zip	Telephone Number

Is this a renewal? ☐Yes / ☐No

Part 2 – Additional Residents at this address:

Last Name	First Name	Middle	Date of Birth

I request that payment of authorized Medicare or other insurance benefits be made on behalf to Charles City County or its billing agent for any services provided to me by CCCEMS. I authorize and direct any holder of medical information or documentation about me be released to the Centers for Medicare and Medicaid Services or its successors and its carriers and agents, as well as to CCEMS and its billing agents, and any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by CCCEMS, now or in the future. I agree to immediately remit to CCCEMS any payments that I receive directly from any source for the services provided to me. A copy of this form is as valid as the original.