



5950 Scandia Rd.
Russell, PA 16345

www.scandiaavfd.org

Scandia Volunteer Fire Department
Phone: (814)757-8091
Fax: (814)757-8197

Ambulance Subscription

Name _____

Subscription Rates

Address _____

_____ Family \$40.00

_____ Individual \$30.00

Telephone _____

Make check payable to:

Birth Date _____

Scandia V.F.D.

P.O. Box 164

Russell Pa. 16345

I request that payment of authorized Medicare/insurance benefits be made on my behalf to the Scandia V.F.D., for any services provided to me by Scandia V.F.D. I authorize any holder of medical information about me to release to the Scandia V.F.D. and its agents and carriers any information needed to determine these benefits or benefits payable for related services or any services provided to me by the Scandia V.F.D. now and in the future. I authorized payments for these benefits be made directly to Scandia V.F.D. I agree to pay immediately to the Scandia V.F.D. all payments sent directly to me from either the insurance company or other medical providers.

Head of Household Signature _____

Sign and return form with payment to SCNDIA V.F.D.

List all family members residing in your home and their date of birth
