

Town of Hollis
Office of the Select Board
34 Town Farm Road, Hollis, ME 04042
Phone: (207) 929-8552 Fax: (207) 929-3686
Web Address: www.hollismaine.org

River Payne

Roger Hicks

Mike Seely, Sr.

POLICY #49

Town of Hollis Emergency Medical Subscription

The Town of Hollis now offers a subscription plan that could save you, as an individual, or family members who reside with you, potentially hundreds of dollars if you were ever transported by the Town of Hollis Fire & Rescue Department. The Town offers this subscription to all Hollis residents.

This plan does not cover medical transportation/services provided by another emergency medical service provider or any medical emergency which occurs outside the Town of Hollis.

For an annual fee, you and your family would not be billed by the Town of Hollis for the co-pay or charges your insurance does not cover for Emergency Medical Services. If you have no insurance, the entire bill could be forgiven by the Town.

Whether you are in good or poor health, have insurance or not, the once a year subscription fee will pay for itself if you ever have to use the Hollis Fire & Rescue Service EMS.

The subscription plan is renewable at the beginning of each calendar year. All funds collected by this plan are placed in a protected account in the Town and will not be diverted to any other purpose other than to cover the self-pay portions of medical bills from the Hollis Fire/Rescue.

If you would like to become a subscriber, please complete the attached form and return it with a check to:

Town of Hollis
Emergency Medical Subscription
Attn: Treasurer
34 Town Farm Road
Hollis, Maine 04042

Please check the Town's website, www.hollismaine.org for additional details regarding this plan or call the Administrative Assistant to the Select Board at 929-8552, Ext 26.

Town of Hollis Fire/EMS Subscription Agreement

Name: _____	Sex/Date of Birth: _____
Name: _____	Sex/Date of Birth: _____
Name: _____	Sex/Date of Birth: _____

Name: _____	Sex/Date of Birth: _____
Name: _____	Sex/Date of Birth: _____
Name: _____	Sex/Date of Birth: _____

Relationship(s): _____

Mailing Address: _____

Street Address: _____

Phone Number: _____

As a subscription member you will be billed for emergency medical services provided by the Town of Hollis. That portion not covered by your insurance for Hollis Fire & Rescue (EMS) transportation to the hospital from within the Town will be covered by this plan.. This subscription agreement covers the period from January 1st to December 31st. This plan does not take the place of your existing insurance but only helps to assist in paying that portion of your bill that is not covered by other insurance.

Subscriptions are renewable at the beginning of each calendar year.

Choose your plan:

- \$25 Senior Citizen Plan (per person, ages 60 & over)
- \$30.00 Senior Couple (ages 60 & over)
- \$35.00 Single Resident
- \$40.00 Family Plan of 2
- \$50.00 Family of 3 or more

Please fill out this enrollment form and return it with your check payable to the Town of Hollis, Attn: EMS Plan. Upon receipt of your application, you will receive membership confirmation. If you desire more information regarding this plan, you may call the Administrative Assistant to the Select Board 929-8552, Ext 26.