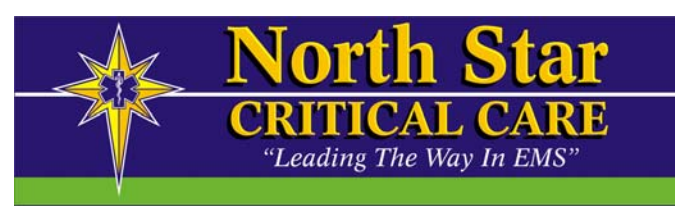


## Family Plan

North Star Critical Care is pleased to offer an annual subscription plan to help with the rising cost of medical care and transportation. Most major insurance carriers as well as Medicare requires ambulance transport to be **medically necessary** in order for the expense to be covered. With a Family Plan Membership, North Star Critical Care will accept insurance payment, for transport to the nearest facility, as payment in full once deductibles have been met. If mileage exceeds the amount covered by insurance, the member will be responsible for additional payment. Members with no insurance coverage will receive a discount. North Star Critical Care will not deny emergency medical transportation based on insurance status or ability to pay.



### Benefits

- **North Star Critical Care provides Basic and Advanced Life Support ambulances as well as a Mobile Intensive Care Unit for the critically ill or injured patient.**
- **Our staff consists of EMT Basics, EMT Intermediates, EMT Paramedics, and Registered Nurses.**
- **Transport teams are available 24/7.**
- **Transportation is provided for emergency and non-emergency needs.**

### Who is Covered

- **Husband or Wife**
- **Dependent child under 21**
- **Or 25 if enrolled in College**
- **A dependent Nursing Home Resident (Adult or Child)**

### Exclusions

#### Transportation to:

Physician's Office  
Dentist or  
Therapy Service

## Service Agreement

To enroll in the Family Plan, please complete the application and return with full payment of \$20 annual fee by check, money order or credit card. Upon receipt coverage will begin. The member will receive transportation for emergency and non-emergency services when Medically Necessary with no out of pocket cost for covered expenses during the contract period. Billing Specialists will submit claims to



Medicare, Medicaid and Private Insurances. By signing the agreement the member agrees to cooperate with claim submission to medical providers. Any insurance reimbursement received by the beneficiary will be forwarded to North Star.

North Star Critical Care  
16356 St Rt 267  
P.O. Box 2011  
East Liverpool, Ohio 43920  
330-386-9111

[www.northstar-critical-care.com](http://www.northstar-critical-care.com)

Name ( First ) \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Policy: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_  
Additional Household Members:  
1. \_\_\_\_\_ D.O.B \_\_\_\_\_ SS# \_\_\_\_\_  
2. \_\_\_\_\_ D.O.B \_\_\_\_\_ SS# \_\_\_\_\_  
3. \_\_\_\_\_ D.O.B \_\_\_\_\_ SS# \_\_\_\_\_  
Payment Method:  CHECK  VISA  MASTERCARD  DISCOVER Card # \_\_\_\_\_ Exp \_\_\_\_\_



NORTH STAR CRITICAL CARE, LLC  
P.O.BOX 2011  
EAST LIVERPOOL, OHIO 43920



*North Star Critical Care*

*“Leading the way in EMS”*

330-386-9111

*Subscription Plan*

**ARE YOU FULLY INSURED AGAINST THE  
COST OF AN AMBULANCE TRANSPORT?**