Fullerton Fire Department

312 E. Commonwealth Avenue
Fullerton, CA 92832

May 2014

Dear Administrator:

Enclosed is an application for the Paramedic Subscription Program for the City of Fullerton. It is strongly recommended that all extended care facilities enroll their patients in this program by paying the affordable $42 per bed subscription fee. This ensures that every patient in the facility is covered for paramedic services at no additional cost to the patient. The new subscription year will be from July 1, 2014 to June 30, 2015.

As you are aware, many residents of your facility are on fixed incomes and may have limited family support. Since Medicare and Medi-Cal do not pay for paramedic services, it becomes the responsibility of the patients to pay for these fees. When they receive a bill they frequently become overwhelmed, frustrated or distraught. Signing up for these essential services by the facility alleviates these problems. No matter how many times the paramedics respond to calls at your facility, there are no additional paramedic fees or billings to the patients.

The Fullerton Paramedic Subscription Program does not cover ambulance cost. A private company provides this service and will bill the patient's insurance for this separately.

In the event your facility does not wish to enroll all of your beds, I am enclosing an application for the individual patient enrollment. We request your assistance to inform residents and their families of the Paramedic Subscription Program. Feel free to make copies of the form and include it in your new resident admission packet. I would be happy to send you additional forms upon request.

Please call (714) 738-6341 if you have any questions about this program.

FULLERTON PARAMEDIC SUBSCRIPTION PROGRAM APPLICATION

Please fill out the form completely. Send check for the proper amount before July 1, 2014. Make check payable to the 'City of Fullerton'. Detach and return form with payment to:

Fullerton Paramedic Subscription Program
312 E. Commonwealth Ave.
Fullerton, CA 92832

Name of Facility_____

Address_____

Zip Code_____ Telephone # _____

Number of beds in facility_____ X $42=_____
(Total Amount Due)

2014/2015