NOVA IS YOUR EMS COMPANY

Northern Valley Emergency Medical Services, Inc. (NOVA) is a not-for-profit 501(C)(3) organization. NOVA is the primary 911 ambulance service for over 32,000 residents and responds to over 3,800 emergency calls annually with highly qualified, compassionate, and caring Paramedics and EMTs.



2024 Service Rates

- **911 Emergency Medical Services**
- Basic Life Support \$1,200
- Advanced Life Support Level 1 \$1,400
- Advanced Life Support Level 2 \$1,600
- Emergency Mileage \$20 / loaded mile

Non-Emergency Medical Transportation

- Basic Life Support \$1,000
- Advanced Life Support \$1,200
- Non-Emergency Mileage \$20 / loaded mile

NOVA submits your bill to your insurance carrier for medically necessary emergency services rendered. You are always responsible to remit all payments received from your insurance carrier for services rendered to NOVA immediately upon receipt.

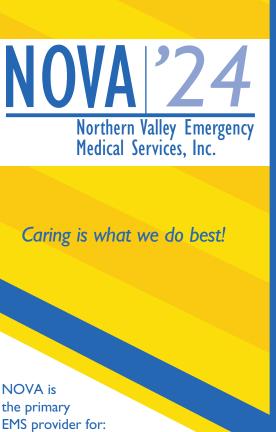
* Availability for non-emergency medical transportation is contingent upon ambulance availability and is offered for urgent facility to facility or home to facility medical transportation services.

Keep this for your records: Amount Paid Check# Date January 1 – December 31, 2024 NORTHERN VALLEY EMS SUBSCRIPTION **NOVA AUXILIARY 2024 CALENDAR & FUNDRAISERS JANUARY 2024** Soup Sale **FEBRUARY 2024 Cherry Pie Sale** Comedy Night Dinner & Show 2/10/24 **MARCH 2024** Shoo-fly Pie Sale **APRIL 2024** Paska Bread Sale **MAY 2024** Primary Election Day Sale: pies, breads, soups & sandwiches **JULY 2024** Chicken BBQ (take out) **SEPTEMBER 2024** Shoo-fly Pie Sale

OCTOBER 2024 Apple Dumpling Sale

NOVEMBER 2024 Election Day Sale: pies, breads, soups & sandwiches Thanksgiving Sale: bacon dressing, filling & nut rolls

Banquet Hall Rental Inquiries Call 610-262-7749 • 610-262-1075



SUBSCRIPTION CAMPAIG

- · Heidelberg Township
- · Lowhill Township (Tri-Clover portion)
- · North Whitehall Township
- · Slatington Borough
- · Walnutport Borough
- · Washington Township



2375 Levans Road | Coplay, PA 18037-2302 www.northernvalleyems.com 610-262-1075

2024 SUBSCRIPTION FORM BUSINESS

Provide your employees with access to the advantages of NOVA's Subscription Program for emergency medical transportation services while they are working at your business location and within NOVA's primary coverage area.

I — I9 Employees	\$200
20 – 49 Employees	\$400
50 + Employees	\$600
99+ Employees	\$1000

PLEASE PRINT

Business Name	
Street Address / P.O. Box	
City	State Zip
Phone	
Township or Borough	
Contact Name	

Donations Welcome & Appreciated

\$50 \$100 \$250 \$500 Other \$

Subscription & Donations

Total \$

(Check or Credit Card)

Name on Credit Card

Credit Card #

Expiration Date Security Code

□ Visa □ MasterCard □ Discover

Please make checks payable to "Northern Valley EMS"

PLEASE DETACH & RETURN THIS PORTION WITH PAYMENT. YOUR CANCELED CHECK IS YOUR RECEIPT.

Help Support Your Ambulance Company and Become a Subscriber Today!

YOUR subscription provides financial support helping NOVA to meet costs for staffing, equipment, and medical supplies. Increasing costs are challenging and fees for services cover only 68% of operating expenses - You're the 32%....



Subscriber Benefits

- **Reduced liability for cost**sharing amounts (co-payments, co-insurances, uninsured) by up to \$500 per emergency ambulance trip and 25% for non-emergency medical transportation services.
- **Discounted rates with designated** providers for wheelchair transportation services.

2024 SUBSCRIPTION FORM HOUSEHOLD

		ngle / Individual Subscription: amily Subscription:	\$45.00 \$75.00
		PLEASE PRINT	
1.	Name		
	Street Ad	dress / P.O. Box	
-	City	State	Zip
	Phone		
	Email		
	Township	or Borough	
2.	Please lis	t full names of family members resi	ding at this address
	Dor	nations Welcome & App	preciated
\$2	20 \$30	\$50 \$100 Other \$	
Su	bscrip	otion & Donations Total \$	
Su	bscrip		
		Total \$	
Name	on Credi	Total \$ (Check or Credit Card)	
Name Credit	on Credi t Card #	Total \$ (Check or Credit Card) t Card	
Name Credit Expira	on Credi t Card #	Total \$ (Check or Credit Card) t Card e Security C	ode
Name Credit Expira	on Credi t Card # ation Date	Total \$ (Check or Credit Card) t Card e Security C	ode Discover ble to

PLEASE DETACH & RETURN THIS PORTION WITH PAYMENT. YOUR CANCELED CHECK IS YOUR RECEIPT.