

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

NOVA '24

Northern Valley Emergency
Medical Services, Inc.

Caring is what we do best!

NOVA is
the primary
EMS provider for:

- 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

SUBSCRIPTION CAMPAIGN

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.

1 – 19 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

Single / Individual Subscription: \$45.00

Family Subscription: \$75.00

PLEASE PRINT

1. Name _____

Street Address / P.O. Box _____

City _____ State _____ Zip _____

Phone _____

Email _____

Township or Borough _____

2. Please list full names of family members residing at this address

Donations Welcome & Appreciated

\$20 \$30 \$50 \$100 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"

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