

NOVA IS YOUR EMS COMPANY

Northern Valley Emergency Medical Services, Inc. (NOVA) is a nonprofit organization committed to offering affordable, community-based emergency medical care. NOVA is the primary 911 ambulance service for over 32,000 residents. NOVA's experienced paramedics and emergency medical technicians respond to over 3,800 emergency calls annually.



2026 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
- Treatment w/o Transportation - \$500
- Lift Assist - \$80

A NOVA Subscription provides reassurance for you and your family members (residing in your home) by minimizing out-of-pocket expenses for emergency ambulance services. NOVA bills your insurance carrier for medically necessary emergency services. Since most insurance plans only cover a portion of ambulance charges, this can often lead to unexpected costs.

Both subscribers and non-subscribers are responsible for forwarding all payments received for services rendered from their insurance carrier to NOVA immediately upon receipt.

Keep this for your records:

Amount Paid	Check#	Date
January 1 – December 31, 2026		
EMS SUBSCRIPTION		



NOVA AUXILIARY 2026 CALENDAR & FUNDRAISERS

JANUARY 2026

Soup Sale

FEBRUARY 2026

Cherry Pie Sale

MARCH 2026

Shoo-fly Pie Sale

APRIL 2026

Paska Bread Sale

MAY 2026

Primary Election Day Sale: pies, breads & sandwiches

JULY 2026

Chicken BBQ (take out)

SEPTEMBER 2026

Shoo-fly Pie Sale

OCTOBER 2026

Apple Dumpling Sale

NOVEMBER 2026

Election Day Sale: pies, breads, soups & sandwiches
Thanksgiving Sale: bacon dressing & filling

Banquet Hall Rental Inquiries

Call 610-262-1075

NOVA '26

Northern Valley Emergency
Medical Services, Inc.

January 1 – December 31, 2026

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

facebook.com/NorthernValleyEMS

SUBSCRIPTION CAMPAIGN

2026 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 and donations are vital in enabling NOVA to deliver outstanding emergency medical care. The funds raised through these contributions go directly towards covering operating expenses, acquiring essential equipment, and training our staff.



Subscriber Benefits

- Reduced cost-sharing amounts (co-payments and coinsurances) by up to \$500 for each emergency ambulance trip.
- A \$500 discount for each emergency response if services are not covered by your insurance plan (deemed not medically necessary).
- A \$500 discount on each emergency ambulance trip if you are without medical insurance.
- Lift assists at no cost.
- For more information regarding subscriptions, please visit www.northernvalleyems.com

2026 SUBSCRIPTION FORM

RESIDENTIAL

Single / Individual Subscription: \$45.00

Household 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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