City of Sierra Madre

PARAMEDIC SUBSCRIPTION PROGRAM

Resident Application

- **$89** per year for single resident
- **$142** for two member household; **$158** for three member household.
  (Each additional member: $18, capped at 5 people)
- Discounted fee of $**45** per year for qualifying modest-income household.
  (Please request the 'Modest-Income Household' application at City Hall or the Fire Department.)

SUBSCRIBER(S) INFORMATION

Subscriber Name _____

Existing Subscriber(s) ☐ YES ☐ NO

Home Address _____

Phone Number _____ Email _____

Additional Subscriber Name(s) _____

_____

☐ $89 Single-Member
☐ $142 Two-Member Household
☐ $158 Three-Member Household
☐ $176 Four-Member Household
☐ $194 Five-Member Household

Paramedic Subscription Program Agreement

(Please read carefully and **sign**.)

I understand that the membership fee provides protection for myself and all enrolled permanent members of my household from emergency paramedic and ambulance fees issued by the Sierra Madre Fire Department. I agree to provide a list of the names of all permanent household members I wish to enroll in the program. I understand that I must be a resident of the City of Sierra Madre to participate in this program, and that households located outside the city boundaries are not eligible. I acknowledge that this membership only applies to emergency medical treatment and/or ambulance transportation services rendered within the City of Sierra Madre by the Sierra Madre Fire Department or by other emergency medical service providers as authorized by the Fire Department. I understand that membership fees are non-refundable. I further understand that the Sierra Madre Fire Department reserves the right to bill any insurance coverage that I or any enrolled household member may have. Any payments received—whether by myself, any enrolled household member, or the City of Sierra Madre—will be accepted as full payment for emergency medical services rendered. I agree to promptly forward to the City of Sierra Madre any such payments received by me or any enrolled member of my household. I authorize the release of emergency medical and/or insurance information solely for the purpose of billing for emergency medical services. I understand that membership begins upon receipt of payment by the Sierra Madre Fire Department. I acknowledge that this membership is non-transferable. I also understand that any violation of the terms of this agreement or misuse of the membership, as determined by the Fire Chief, or their designee, may result in cancellation of my participation in the program.

Authorized Member's Signature _____ **Date** _____

Emergency Notification Signup ○ NIXLE ○ Smart911 ○ Genasys Protect

For additional information, please contact the Fire Dept. at 626-355-3611, email subscription@sierramadreca.gov or visit City Hall during regular business hours. Payments may be made in person at City Hall or mailed to: Sierra Madre Fire Department