

READ THIS FORM CAREFULLY
KENNEBUNKPORT EMERGENCY MEDICAL SERVICES SUBSCRIPTION AGREEMENT
AGREEMENT EXPIRES DECEMBER 31ST 2024

Subscriber: _____

Mailing Address: _____

Home Address: _____

Telephone Number: _____

E-mail: _____

List All Names Covered by Subscription

Name: _____	Sex: _____	Date of Birth: _____	Relation: _____
Name: _____	Sex: _____	Date of Birth: _____	Relation: _____
Name: _____	Sex: _____	Date of Birth: _____	Relation: _____
Name: _____	Sex: _____	Date of Birth: _____	Relation: _____
Name: _____	Sex: _____	Date of Birth: _____	Relation: _____
Name: _____	Sex: _____	Date of Birth: _____	Relation: _____

If more space is needed list additional names on reverse side.

This subscription agreement by and between Kennebunkport Emergency Medical Services (KEMS) and subscriber shall exempt the subscriber and family members who are members of the household and specified herein from charges for emergency ambulance services provided by KEMS during the term of this agreement and not payable or reimbursable through public or private insurance. Subscriber agrees to apply for any insurance benefits available and authorize payment directly to KEMS when emergency services are provided. KEMS agrees not to bill the subscriber for any charges in excess of insurance benefits available. The subscription price is \$150.00 (one hundred and fifty dollars) for an individual, \$300.00 (three hundred dollars) for family of two, or \$400.00 (four hundred dollars) for family of three or more meaning and including only the head of household and dependents residing in the same household and \$100 (one hundred dollars) for each seasonal resident.

Signature: _____ Date: _____

PLEASE MAKE CHECK PAYABLE TO: KENNEBUNKPORT EMERGENCY MEDICAL SERVICES, INC. (KEMS) SUBSCRIPTION AGREEMENTS ARE EFFECTIVE FOR THE PERIOD BEGINNING JANUARY 1ST 2024 OR THE DATE KEMS RECEIVES THE SUBSCRIPTION AGREEMENT AND PAYMENT, WHICH EVER IS LATER AND ENDING DECEMBER 31ST 2024.

- Individual \$150.00 Family of Two \$300.00 Family of Three or more \$400.00 Seasonal Resident \$ 100.00 Per Person
- Please detach this part of the form and return with payment. Retain bottom portion as your receipt. [kportems.org]*

**AMBULANCE SUBSCRIPTION
KENNEBUNKPORT EMERGENCY
MEDICAL SERVICES INC.
2024**

SUBSCRIPTION VALID FOR CALENDAR
YEAR 2024



CHECK #: _____

DATE: _____, 2024

INDIVIDUAL	\$150.00
FAMILY OF 2	\$300.00
FAMILY OF 3 OR MORE	\$400.00
SEASONAL PER PERSON	\$100.00 EACH

RETAIN AS YOUR RECEIPT FOR 2024

www.kportems.org

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Kennebunkport, ME 04046
(207) 967-9704