Emergency Transportation Subscription Program

The City of San Clemente offers this program to all San Clemente residents as a way to lower the cost of ambulance transportation.

$40 per year

For $40 per year, you and all legal dependent members of your household will be covered with no limit to the number of times emergency service is needed within your subscription period.

How Does it Work?

When 911 is called, and ambulance service is provided to the nearest available hospital, your insurance, Medicare or Medi-Cal will be billed. If you are a subscriber to this program, any fees not covered by your insurance are covered under the subscription. If you are not a subscriber, the usual fees for emergency transportation services will apply.

As of 10/1/2024, fees for service without subscription are as follows:
EMT/Ambulance Level of Service: $2,512.19
Paramedic Level of Service: $2,712.19

(Please see reverse side for application form)

City of San Clemente, Finance Division

(949) 361-8282 | Finance@San-Clemente.org

Emergency Transportation Subscription Program

RULES AND REGULATIONS

o Available only to residents of San Clemente.
o Service provided must originate within the San Clemente city limits.
o NOT COVERED: Routine transfers from:

- Hospital to hospital
- Home to hospital (non-emergency)
- Home to doctor's offices

How Do I Sign Up?

Complete the application below, and submit by mail with a $40 check or money order to:

City of San Clemente
Finance Department
910 Calle Negocio
San Clemente, CA 92673

All changes or cancellations regarding your application must be submitted in writing to the above address or by email to: **Finance@San-Clemente.org**. An annual renewal invoice will be sent to you.

Subscriber Name: _____

Subscriber Address: _____

San Clemente, CA (Zip Code): _____

Primary Contact (if different): _____

Billing Address (if different): _____

Email Address: _____ Phone Number: _____

Insurance Carrier: _____

Legal Dependent members of your household to be included in your subscription coverage:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I acknowledge that I am familiar with the rules and regulations pertaining to this subscription service and agree to be governed by the same.

Signature: _____ **Date:** _____

UPON RECEIPT OF PAYMENT, YOUR CERTIFICATE OF ENROLLMENT WILL BE SENT TO YOU PROMPTLY