Tri-Hampton Rescue Squad, Inc.

P.O. Box 659 • Richboro, PA 18954

NONPROFIT ORGANIZATION
U.S. Postage
PAID
Permit No. 7477
Philadelphia, PA

Proudly Serving Upper Southampton, Lower Southampton, Northampton Townships, And The Surrounding Communities For Over 80 Years.

IMPORTANT: PLEASE READ

2026-2027 Fund Drive

Dear Residents and Business Owners,

As the heartbeat of our community's emergency medical services, Tri-Hampton Rescue Squad proudly announces continued enhancements to our operations, designed to offer unparalleled care to Northampton, Upper Southampton, and Lower Southampton Townships. This year, we're not only continuing our eighty plus year tradition of excellence in providing exceptional Emergency Medical Services but elevating it with the support of our municipalities and valued subscribers like you.

****Continued in 2026: Expanded Services to Meet Growing Needs****
With the unwavering support of our three municipalities, we continue increased service levels to better serve you. Most notably, Northampton Township has continued funding an additional paramedic ambulance available 12 hours daily, from 8:00 AM to 8:00 PM, specifically servicing the Holland section of Northampton. This additional unit addresses the rising demand for EMS during peak hours and demonstrates our continued mission of providing the highest level of EMS to the community. Upper Southampton Township continues to enjoy around-the-clock paramedic ambulance service, which is a 15% increase in service time over our previous service model. These enhancements reflect our commitment to your safety and well-being.

****Continuing Business Subscriptions: A New Way to Support Your Employees****
Understanding the vital role businesses play in our community, we're excited to continue to offer a Business Subscription option. This plan extends our services to cover any employee requiring EMS while at work, ensuring their safety during business hours. It's an excellent way for local businesses to support our mission while demonstrating care for their team's well-being.

****Your Support Makes a Difference****
Our subscription model is more than a service; it's a partnership. By subscribing, you help us maintain and improve our high-quality service, ensuring we're ready whenever you need us. Whether for your household or business, your subscription is an investment in safety, peace of mind, and community well-being. Our subscription year runs April 1, 2026 to April 30, 2027. Did you know approximately 57 % of our expenses are not covered by insurance reimbursement for services rendered and we have to rely on other income streams to make up this shortfall. That is why your support is critical in continuing our mission.

****Let's Aim Higher Together****

Last year, we reached a milestone with a significant portion of our community stepping forward to subscribe. This year, we aim to increase our subscriber base further, and with your help, we can. Subscribing is easy, and every subscription brings us closer to our goal of a safer, better-served community. Join us in this vital mission by renewing or initiating your subscription today. Together, we can continue to provide critical lifesaving services to every corner of our community.

Thank you for your continued support and trust in Tri-Hampton Rescue Squad.

Warmest regards,

The Officers and Members of the Tri-Hampton Rescue Squad

Q: Why do I need to purchase a subscription for the Rescue Squad, I have medical insurance?

A: Most insurance plans, including Medicare, do not cover 100% of the costs for ambulance services. Purchasing a subscription ensures that you will not be responsible for paying some of the out-of-pocket costs associated with 9-1-1 emergency ambulance services provided by Tri-Hampton Rescue Squad. Keep in mind that the subscription covers out of-pocket expenses except any amount due as part of an insurance co-payment and/or deductible.

Please see reverse side for your Subscription Card.

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Detach and return this portion with your donation.

Tri-Hampton Rescue Squad, Inc.

Check type of subscription and return this portion

- ❑ Business Subscription $200.00
- ❑ Family: *Covers all adults and children that reside in the household* $100.00
- ❑ Individual: *Covers 1 adult*..... $50.00
- ❑ Senior Family: *Covers 2 adults in a household (at least 1 adult must be 65+)* $50.00
- ❑ Senior Individual: *Covers 1 adult (65+)*..... $40.00
- ❑ Additional Donation *(optional)* ..... $_____.00

TOTAL ENCLOSED ..... $_____

Make checks payable to Tri-Hampton Rescue Squad, Inc.

2026-2027 Subscription Request

To visit our secure website please scan here:
www.tri-hampton.org

Reference No.

<<CUS NAME>>
<<CUS ADDRESS>>
<<CUS CITY-STATE-ZIP>>

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Kindly change name/address as indicated above.

Tri-Hampton Rescue Squad, Inc.

Upper Southampton Township
917 Street Road
Southampton, PA 18966

Lower Southampton Township
1440 Bridgetown Pike
Feasterville, PA 19053

Northampton Township
140 Township Road
Richboro, PA 18954

Proudly Serving Upper Southampton, Lower Southampton, Northampton Townships, And The Surrounding Communities For Over 80 Years.

NOW SCHEDULING
Car Seat Belt Checks, CPR Classes, and Stop The Bleed Classes

Interested in Volunteering?

Please visit our website, click on the Join Us tab for more info.

THANK YOU FOR YOUR CONTINUED SUPPORT!

2026-2027 Subscription Request

Reference No.

Check No._____

Date _____

Amount $_____

THANK YOU FOR YOUR CONTRIBUTION!
TRI-HAMPTON RESCUE SQUAD, INC.

Tri-Hampton Rescue Squad, Inc.

2026 Subscription Card

Emergency: 9-1-1

Information: 215-357-0473

Member:

Expires: April 30, 2027

This subscription program is not a contract for the provision of ambulance services. This subscription program does not cover the provision of non-emergency ambulance services or ambulance services which have been or should have been pre-scheduled. This subscription program only covers those emergency ambulance transports which are medically necessary and reasonable. Another ambulance service may respond when our ambulance service is unavailable.

This is not a solicitation for the offer or sale of an insurance product. The terms and provisions of this subscription program are subject to change without prior notice.

All subscriptions are subject to acceptance by Tri-Hampton Rescue Squad. And may be cancelled or revoked in Tri-Hampton Rescue Squad's sole discretion.The subscriber acknowledges that Tri-Hampton Rescue Squad will bill available third-party insurance for services rendered and agrees to remit any third-party insurance payments received directly by the subscriber to the Tri-Hampton Rescue Squad.

Signature Acknowledgement: By signing below, I apply for participation as a subscriber in the Ambulance Subscription Program of Tri Hampton Rescue Squad I agree to the Tri Hampton Rescue Squad Subscription Program terms and conditions described above and in the accompanying brochure. I verify that none of the listed persons is a Medicaid beneficiary and that all of the listed persons do have health insurance. I request payment of authorized Medicare or any other insurance benefits be made on my behalf to Tri Hampton Rescue Squad for any ambulance services provided to me by Tri Hampton Rescue Squad now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me or any of the listed persons by Tri Hampton Rescue Squad regardless of our insurance coverage, and in some cases, I may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Tri Hampton Rescue Squad any payments that I receive directly from my insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Tri Hampton Rescue Squad. I authorize Tri Hampton Rescue Squad to appeal payment denials or other adverse actions on my and all listed persons behalf without further authorization and direct any holder of medical information or other relevant documentation about me or any listed persons to release such information to Tri Hampton Rescue Squad, its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors as may be necessary to determine these or other benefits payable for any services provided to me or listed persons by Tri Hampton Rescue Squad now, in the past, or in the future. A copy of this form is valid as an original. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this Subscription Program, and I hereby apply to be a subscriber of Tri Hampton Rescue Squad.

Signature of Primary Subscriber, _____Date:_____
Also authorized to sign for minor at residence

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