

NON-NETWORK DIRECT REIMBURSEMENT FORM

By completing this form, the EMS agency declares that it intends to receive direct payment from the identified insurers listed on this form for the next calendar year. This form must be submitted annually **NO LATER THAN OCTOBER 15**. Failure to submit this document will result in an agency being removed from the list of participating agencies accepting direct pay. If the agency chooses to accept direct payment from more than 100 insurers, the agency must complete the additional pages (2 - 4) as necessary to capture all insurers they wish to accept. Once the packet is completed and signed by the agency official, it shall be scanned as one complete packet and sent to paemsoffice@pa.gov.

Emails received after October 15 will not be eligible for inclusion in the payment acceptance program.

Agency Name:

Doing Business As:

Agency License Number: Phone Number:

Billing Address:
(include City,
State, Zip)

Physical
Address:
(include City,
State, Zip)

Tax ID: NPI:

Agency Official Signature:

Agency Official Printed Name:

Agency Official Title: Date Signed:

By checking this box the agency agrees to accept all non-network direct payments

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Once completed, please click the "print form" button below and scan all pages of the packet as one complete document and email to paemsoffice@pa.gov.