



TOWN OF WAREHAM
Emergency Medical Services
P.O. Box 3492
Wareham, MA 02571
508-295-6725



BURGESS PLAN

The Town of Wareham is offering all Wareham residents an opportunity to subscribe to the Burgess Plan. This program provides free ambulance service for **emergencies** within town limits at an annual fee of \$50.00 per household member. The plan was initiated by Irene Burgess, who was an advocate for medical care for the elderly.

If a subscriber has medical insurance, the Town will bill the insurance company directly for the ambulance service. The subscriber will not receive a bill for the balance if the insurance does not cover the full cost. The remaining balance will be covered by the Plan. In short, as a subscriber of the Burgess Plan, any subscribed household member who uses the ambulance service for any **emergency** will not be billed.

Non-subscribers will be billed for the full cost of ambulance services, plus any billable extras.

All ambulance users are subject to the rules of transportation for the ambulance. The Wareham Emergency Medical Service provides EMERGENCY transportation only, and such transportation shall be to Tobey Hospital or any other emergency department as deemed appropriate by state and local protocols.

For non-emergency transportation (such as direct admissions and transfers) residents must contact a private ambulance service provider. **Non-emergency services are not covered by this Plan.**

If you wish to subscribe or renew a subscription for this service, please return the coupon below with a check or money order made payable to *Town of Wareham* and mail to the Emergency Medical Services Department at the address above.



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SUBSCRIPTION COUPON

Local household address _____

(Check appropriate box) New Subscription _____ Renewal _____

List all names of household members to be covered under this subscription (only those members living at the subscriber's address). The Burgess Plan does not include visitors or guests.

Primary Contact Information

Name: _____

Mailing address: _____

Street Address (if different): _____

Please allow three (3) weeks to process your subscription.