



ANAHEIM FIRE & RESCUE FireMedics

Membership Program

WHAT

An affordable membership program that can help you avoid paramedic and ambulance response fees after a medical emergency in Anaheim.

WHY

When you call 911 for a medical emergency, Anaheim Fire & Rescue paramedics will respond. Your insurance company may not cover the entire cost of the service.

WHO

Anaheim residents and businesses. Coverage includes everyone living in your home or employees working at the enrolled business.

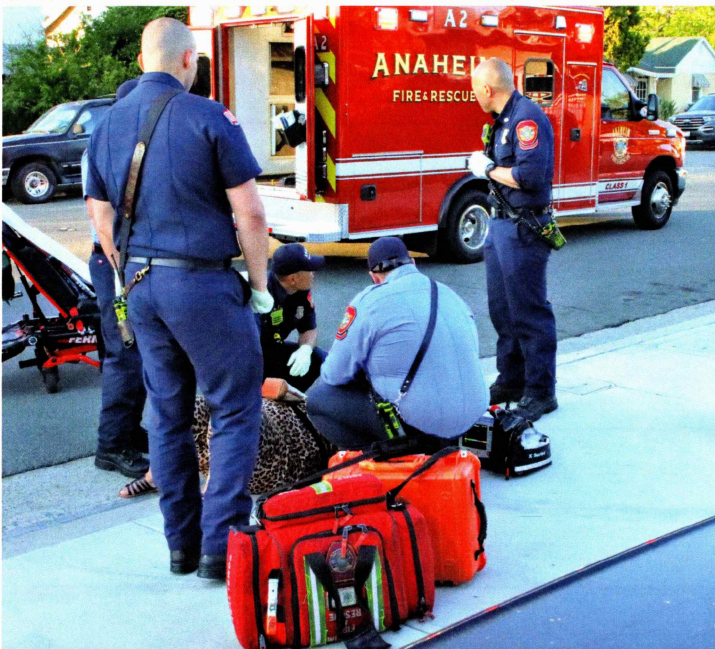
COST

\$5 per month paid on your utility bill or \$60 annually paid at once.

BENEFITS

Anaheim Fire & Rescue will **waive the remaining balance** due after what insurance pays. This **includes paramedic services** and **emergency ambulance transportation**.

Enroll today!



ONLINE

Anaheim.net/FireMedics

EMAIL

FireMedics@anaheim.net

MAIL

Send completed application and payment

CALL

(714) 765-4060

STAY CONNECTED!



@AnaheimFireAndRescue



@AnaheimFire



Anaheim.net/FireMedics



To request this flyer in an alternative format, call (714) 765-4000 or TTY (714) 765-5125. The city prohibits discrimination by race, color or national origin in programs, services and activities.



FireMedics Application

Membership Program

Emergencies can happen to anyone, anywhere. Join the FireMedics Program today!



ONLINE: Anaheim.net/FireMedics **EMAIL:** FireMedics@anaheim.net **CALL:** (714) 765-4060

STAY CONNECTED!



@AnaheimFireAndRescue



@AnaheimFire

To enroll, please fill out the form below. You may opt to add the fee to your Anaheim Public Utilities bill **OR** submit a check or money order payable to the **City of Anaheim**. If enrolling after the start of the membership year, please pay the prorated amount indicated in the table below.

If adding to Utilities bill, coverage begins from receipt of request & the charge will appear on the next bill.

If paying by check or money order, coverage is from receipt of payment through June 30th. To continue coverage, membership needs to be renewed by July 1st each year. Renewal invoices will be mailed.

NO CASH. If check is returned unpaid by your bank, a handling fee of \$25 will be added to your balance.

IF ENROLLING IN:	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
PLEASE PAY:	\$60	\$55	\$50	\$45	\$40	\$35	\$30	\$25	\$20	\$15	\$10	\$5

Mail application and payment to:

Anaheim Fire & Rescue, Attn.: FireMedics Program
201 S. Anaheim Blvd. #300, Anaheim, CA 92805

----- Detach the form below prior to submitting. Please print clearly. -----

- ☐ **Add to Anaheim Public Utilities bill**
Please enroll my household or business in the FireMedics Program via Utilities bill. **(Include Utilities Account #).**

Utilities Account Number

- ☐ **Anaheim Resident**
Please enroll me and the members of my household in the FireMedics Program. **(Include check/money order).**

Last Name

First Name

Street Address

Unit #

City

Zip

- ☐ **Anaheim Business**
Please enroll the employees of the business in the FireMedics Program.
(Include business name and Utilities Account # or check/money order).

Phone

Email Address

Mailing Address (if different)

How did you hear about us? Social Media ☐ Magazine/Newsletter ☐ Word-of-Mouth ☐ Event ☐ Other: _____

Membership Year: July 2024 – June 2025