



PENNDEL-MIDDLETOWN EMERGENCY SQUAD

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Standby and Service User Information Form

This form is to request a standby from the Penndel-Middletown Emergency Squad for special event medical services. The following information will be used by PMES for scheduling and billing for services. Any changes to scheduled services shall require 48-hour notification prior to the event.

Name/Title of Event: _____

Date(s) of Event: _____ Start Time: _____ ☐ AM / ☐ PM End Time: _____ ☐ AM / ☐ PM

Location of Event: _____

The event requires the following selected level of service:

- | | | |
|--|---|-------------------|
| <input type="checkbox"/> Dedicated Ambulance Standby | Transporting EMS unit with 2 providers | \$175.00 per hour |
| <input type="checkbox"/> Dedicated EMS Responder Standby | Non-transporting EMS unit with 1 provider | \$100.00 per hour |

Any specific details about the event: _____

Organization Name/Service User: _____

Entity Type: ☐ Corporation ☐ Not-For-Profit ☐ Governmental ☐ Scholastic ☐ Other

Are you charging admission to the event? ☐ YES ☐ NO

Primary Contact Person's Name: _____

Mailing Address (for billing): _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Phone # 2 (if different): _____

Email Address: _____

Please scan/email all completed standby requests to <ZCooperman@PMEMS.Org>