

## NOVA IS YOUR EMS COMPANY

Northern Valley Emergency Medical Services, Inc. (NOVA) is a not-for-profit 501(c)(3) organization. NOVA is the primary 911 ambulance service for over 32,000 residents and responds to over 3,800 emergency calls annually with highly qualified, compassionate, and caring Paramedics, AEMTs, and EMTs.



## 2025 Service Rates

### 911 Emergency Medical Services

- Basic Life Support - \$1,200
- Advanced Life Support Level 1 - \$1,400
- Advanced Life Support Level 2 - \$1,600
- Emergency Mileage - \$20 / loaded mile
- Treatment w/o Transportation - \$500
- Lift Assist - \$80

A NOVA Subscription provides reassurance for you and your family members (residing in your home) by minimizing out-of-pocket expenses for ambulance services. NOVA bills your insurance carrier for medically necessary emergency services. Since most insurance plans only cover a portion of ambulance charges, this can often lead to unexpected costs.

**Both subscribers and non-subscribers are responsible for forwarding all payments received for services rendered from their insurance carrier to NOVA immediately upon receipt.**

Keep this for your records:

Amount Paid                      Check#                      Date

January 1 – December 31, 2025

**NORTHERN VALLEY**



**EMS**

**SUBSCRIPTION**

## NOVA AUXILIARY 2025 CALENDAR & FUNDRAISERS

### JANUARY 2025

Soup Sale

### FEBRUARY 2025

Cherry Pie Sale  
Comedy Night Dinner & Show 2/15/25

### MARCH 2025

Shoo-fly Pie Sale

### APRIL 2025

Paska Bread Sale

### MAY 2025

Primary Election Day Sale: pies, breads & sandwiches

### JULY 2025

Chicken BBQ (take out)

### SEPTEMBER 2025

Shoo-fly Pie Sale

### OCTOBER 2025

Apple Dumpling Sale

### NOVEMBER 2025

Election Day Sale: pies, breads, soups & sandwiches  
Thanksgiving Sale: bacon dressing & filling

**Banquet Hall Rental Inquiries**  
**Call 610-262-7749 • 610-262-1075**

# NOVA '25

Northern Valley Emergency  
Medical Services, Inc.

January 1 – December 31, 2025

*Caring is what we do best!*

NOVA is  
the primary  
EMS provider for:

- Heidelberg Township
- Lowhill Township (Tri-Clover portion)
- North Whitehall Township
- Slatington Borough
- Walnutport Borough
- Washington Township



2375 Levans Road | Coplay, PA 18037-2302

[www.northernvalleyems.com](http://www.northernvalleyems.com)

610-262-1075

SUBSCRIPTION CAMPAIGN

# 2025 SUBSCRIPTION FORM

## BUSINESS

Provide your employees with access to the advantages of NOVA's Subscription Program for emergency medical transportation services while they are working at your business location and within NOVA's primary coverage area.

1 – 19 Employees	\$200
20 – 49 Employees	\$400
50+ Employees	\$600
99+ Employees	\$1000

### PLEASE PRINT

Business Name \_\_\_\_\_

Street Address / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Township or Borough \_\_\_\_\_

Contact Name \_\_\_\_\_

### Donations Welcome & Appreciated

\$50 \$100 \$250 \$500 Other \$ \_\_\_\_\_

### Subscription & Donations

Total \$ \_\_\_\_\_

(Check or Credit Card)

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Visa  MasterCard  Discover

Please make checks payable to  
"Northern Valley EMS"

PLEASE DETACH & RETURN THIS PORTION WITH PAYMENT.  
YOUR CANCELED CHECK IS YOUR RECEIPT.

## Help Support Your Ambulance Company and Become a Subscriber Today!

Your subscription and donations are vital in enabling NOVA to deliver outstanding emergency medical care. The funds raised through these contributions go directly towards covering operating expenses, acquiring essential equipment, and training our staff.



### Subscriber Benefits

- Reduced cost-sharing amounts (co-payments and coinsurances) by up to \$500 for each emergency ambulance trip.
- A \$500 discount for each emergency response if services are not covered by your insurance plan (deemed not medically necessary).
- A \$500 discount on each emergency ambulance trip if you are without medical insurance.
- Lift assists at no cost.
- For more information regarding subscriptions, please visit [www.northernvalleyems.com](http://www.northernvalleyems.com)

# 2025 SUBSCRIPTION FORM

## HOUSEHOLD

Single / Individual Subscription: \$45.00

Family Subscription: \$75.00

### PLEASE PRINT

1. Name \_\_\_\_\_

Street Address / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Township or Borough \_\_\_\_\_

2. Please list full names of family members residing at this address

### Donations Welcome & Appreciated

\$20 \$30 \$50 \$100 Other \$ \_\_\_\_\_

### Subscription & Donations

Total \$ \_\_\_\_\_

(Check or Credit Card)

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Visa  MasterCard  Discover

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