Ambulance Subscriptions:
1. Any person may subscribe for ambulance service for a fee of $10.00 per person per fiscal year or $25.00 per family per fiscal year. The fiscal year will run from July 1 through June 30 of the following year. A family is defined as immediate family living in one household for purposes of the subscription fee.

2. The base rate is waived for subscribers; however, charges for transportation, supplies and medevac escort are not waived.

Users of ambulance services are responsible for the following fees; only flat fees specified in 1 and 2 below are waived with an ambulance subscription.

1. That a flat fee for Basic Life Support (BLS) shall be set at $350.00 plus mileage. **$350 WAIVED WITH SUBSCRIPTION**

2. That a flat fee for Advanced Life Support (ALS) shall be set at $500.00 plus mileage. **$500.00 WAIVED WITH SUBSCRIPTION**

3. That each fee listed above includes all supplies.

4. That the transportation fee shall be set at $5.00 per mile. The transportation fee will be added to all responses beyond the Yakutania Point junction (Mile 3.6 Dyea Road) or the Liarsville campground (Mile 3.0, Klondike Highway).

5. That a medevac escort fee shall be set at $75.00 per attending EMT for patients transported by air, road or water to patient care facilities outside of Skagway. Charges for transportation by private carrier will be billed directly to the patient by the carrier.

If you would like to subscribe to the ambulance service, send a check payable for the appropriate amount, made out to the Municipality of Skagway and mail to:

P.O. Box 415
Skagway, Alaska 99840

Please return this bottom portion with your check

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**Effective July 1, 2019 through June 30, 2020**

Check one (1):
- [ ] $10.00 Single
- [ ] $20.00 Couple
- [ ] $25.00 Family

Name __________________________ Signature __________________________

Family Member Names (print clearly):
- __________________________
- __________________________
- __________________________
- __________________________

Physical Address: __________________________ Mailing Address: __________________________

Phone Number: __________________________