

WARREN GENERAL



SPONSORED BY THE WARREN GENERAL HOSPITAL AUXILIARY

2 Crescent Park West

Warren, PA 16365

(814) 723-4973 Extension 1835

(Complete both sides entirely)

I. Subscriber

Date _____

Name _____ Telephone _____

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____ Age _____

Directions to Home _____

Hidden Key location or Key Safe combination _____

(If not given a Hidden Key Location or Key Safe Information– we are not responsible for any damage to access home).

II. Fees **\$25.00 Activation Fee** – **Submit with application**; payable to “Hospital Auxiliary”

You will be billed MONTHLY following installation; payable to “Doyle Medical Monitoring”

_____ **\$40 (Per Month) ESSENSE Cellular Unit (not a GPS)**

_____ **\$15 - 2nd pendant**

(Must have Cellular Service in your area).

Please specify party responsible for payment if different from Subscriber.

Name _____ Telephone _____

Address _____
(Street) (City) (State) (Zip Code)

III. Medical Information

Physician #1 _____ Telephone _____

Physician #2 _____ Telephone _____

Allergies _____

Illnesses/Disabilities _____

Hospital Preference _____

VI. Responders

The following responders are individuals who have agreed to check on the subscriber if they are notified to do so by the Home Alert Response Center. The Response Center will attempt to notify these responders after receiving an emergency signal from the subscriber. Please note that if the Home Alert Response Center is unable to contact a listed responder, "911" may be contacted for police, fire or ambulance services.

1. Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

Relationship _____ Key? Yes _____ No _____

2. Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

Relationship _____ Key? Yes _____ No _____

3. Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

Relationship _____ Key? Yes _____ No _____