



MAC FIREMED MEMBERSHIP APPLICATION

MEMBERSHIP FEES \$70 WITHIN CITY LIMITS/\$90 OUTSIDE CITY LIMITS

For Office Use Only Date Fee Payment FireMed #

MEMBER INFORMATION: (please print)

Last Name: First Name: MI: Date of Birth: Sex: Phone #: Street Address: City: State: Zip: Mailing Address (if different): City: State: Zip:

HOUSEHOLD MEMBER INFORMATION: (use additional sheet if needed)

Last Name: First Name: MI: Date of Birth: Sex: Relationship:

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PLEASE RETURN SIGNED APPLICATION WITH PAYMENT TO START YOUR FIREMED MEMBERSHIP TODAY:

Mac FireMed 175 NE 1st Street McMinnville, OR 97128 We honor Visa or MasterCard at the Fire Station, not by mail.

Member Signature: Date:

I authorize a copy of this agreement to be used in lieu of the original on file, by the City of McMinnville at the FireMed office. The original may be furnished upon request. I authorize payment of insurance benefits for ambulance service for myself or household members directly to the City of McMinnville according to the FIREMED agreement and as itemized on attached claims. I understand that FireMed is nonrefundable. I also understand and agree to the terms as stated in the contract on page 2.

MCMINNVILLE FIREMED FEES

I hereby apply for membership with Mac FireMed for myself and Household Members who live at my residential address. The consideration for my membership is the enclosed fee and the assignment of benefits on page 1. I understand the enclosed fee (\$70 for residents inside McMinnville city limits or \$90 for rural areas) provides emergency ambulance transportation and pre-hospital emergency medical care given as part of the ambulance call, and pre-authorized non-emergency transports. *Covered Transports must originate within the McMinnville Ambulance District.* Patients will be transported to the nearest appropriate medical facility as determined by the McMinnville Fire Department EMS protocol.

COVERAGE AND EXCEPTIONS

All medically necessary, non-emergency transfers must have prior authorization by the ordering doctor. A written authorization must be obtained if requested by the FireMed office.

The following non-emergency transports are NOT covered by the Mac FireMed Membership: Transfers originating out of the McMinnville Ambulance District; Transfers to or from doctors' offices or clinics for examinations or x-rays, diagnostic procedures or treatments; Transfers to or from a nursing home to a doctor's office, clinic or hospital for treatment or care which is normally provided at a nursing home, i.e. catheter replacement, treatment of bed sores, etc.; Non-medically necessary transfers when other means of transportation could be used (other means of transportation would be private vehicle, wheelchair van, taxi or other non-emergency vehicles); Transfers back from the hospital after being checked or treated at the hospital if the patient's condition does not warrant an emergency medical technician's care.

I understand that if I use the McMinnville Ambulance Service for transportation not covered by Mac FireMed, I will be billed for the service.

Mac FireMed reserves the right to deny or cancel a membership upon written notice. Mac FireMed membership is effective from the date the application is received by the Mac FireMed office, until the last day of the same month in the following year.

If insurance denies a claim due to requested forms or paperwork not being returned, FireMed will not cover the transport and the patient will be financially responsible.

I understand that Mac FireMed is NOT an insurance policy. I understand that my Mac FireMed membership covers any balance which my insurance carrier does not pay (except for non-emergency services not covered by Mac FireMed). I hereby assign to Mac FireMed all my rights and benefits under any and all of my medical insurance or other medical benefits contract(s) containing ambulance service coverage. Should I or a household member receive payment by insurance or medical benefits (including secondary insurance payments) provided for ambulance service rendered, I will immediately forward such payment to Mac FireMed. I further authorize and direct my providers to pay directly to Mac FireMed all sums due under their policies for all services rendered to me by Mac FireMed and the release of medical information for the purpose of ambulance billing only. I understand that Mac FireMed will first send my bills directly to my insurer(s) or other medical benefits provider(s). To the extent of the services provided by Mac FireMed I also assign to Mac FireMed whatever rights I may have or hereafter acquire to obtain payment from third persons for services rendered by Mac FireMed and do hereby subrogate Mac FireMed to whatever claims I may have or acquire against such persons. This membership is non-transferable and non-refundable. Membership by Medicaid Recipients is considered a voluntary contribution to Mac FireMed.

PARTICIPATING AGENCY RECIPROCAL AGREEMENT

I understand that it is my responsibility, as a Mac FireMed member, to forward a copy of the bill for services from a FireMed participating agency to the Mac FireMed office within 30 days from the date services were received. If not forwarded, Mac FireMed benefits are not in effect. I understand that the FireMed agency that renders service will enforce the terms and conditions as set forth in their FireMed Agreement. I authorize Mac FireMed to release all information required for billing purposes to any ambulance provider that has an authorized reciprocal billing agreement with Mac FireMed. I further authorize any such ambulance provider from whom we have received service to directly bill their charges to my health insurance carriers.

DEFINITION OF HOUSEHOLD MEMBERS

Membership covers the member, spouse, domestic partner, children, other family members, or permanent residents living in the home. Spouses living at a care facility will be covered under the membership.

THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY