

EMSP_{Plus} Membership Agreement

Acknowledgment — I (the applicant and any immediate family members, if applicable) understand that EMSPlus is not insurance and does not reduce the obligations of any third party payer. I understand that I must use the services of Huron Valley Ambulance (HVA), Jackson Community Ambulance (JCA), Monroe Community Ambulance (MCA), Lenawee Community Ambulance (LCA), or Albion Community Ambulance (ACA) in order to be eligible for membership benefits and that emergency calls have first priority. If insured, I understand that EMSPlus membership limits my out-of-pocket cost related to ambulance transports covered by insurance for medically necessary ground ambulance transportation. I also understand that I am obligated to pay for ground ambulance services not defined as medically necessary. I also understand that many area fire departments assist with medical emergencies and that EMSPlus does not pay for those services.

Medically Necessary — Medically necessary is defined as the specific need for emergency care or ground stretcher ambulance transportation to and from a hospital where other forms of transportation would be medically inappropriate given a patient's condition.

Membership Coverage — Those covered by this membership include the applicant and his/her immediate family (including dependent children under the age of 25 and/or dependent adults) living at the residence who are listed on the completed application. I understand that all dependent children/adults must be claimed as dependents on my federal income tax forms, and must meet the dependency exemption requirements of the IRS Code to be covered.

Membership Fee/Assignment of Rights — By paying the membership fee, I consent to all terms and conditions of EMSPlus membership. I understand that the membership fee is nonrefundable, nontransferable, and NOT tax deductible. I assign to the ambulance service all relevant rights and benefits of all health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services.

Membership Period — I understand that I can renew my membership at any time during the year. My membership will be valid for 12 months from the date you receive my application and payment. I will receive a membership card by mail that indicates my expiration date. I will also receive a reminder to renew my membership 30 days prior to the expiration date noted on my membership card. I also understand that my membership becomes effective immediately after the EMSPlus program processes my signed Membership Application.

Eligibility — I understand that I must live in the EMSPlus service area as described in the EMSPlus brochure.

Membership Services — For the membership fee and assignment of rights, the EMSPlus program agrees to provide emergency ambulance service for me and/or my immediate family who are listed on the completed application from any location in the program service area. The EMSPlus program also agrees to provide medically necessary nonemergency ground ambulance services to and from hospitals according to the terms of this membership. I agree to pay additional mileage fees for transports over 40 miles. I recognize that transports to a physician's office are not covered.

Non-transport services — I understand that EMSPlus covers two (2) of the following non-transport services per household per membership year: 1. Lift assists - when you fall and are unable to get up. Paramedics will assist you and if you are not injured, no transport will be done. 2. Paramedic assessments - Paramedics do vital signs and a head to toe assessment. They can determine whether or not you should be transported. 3. Treatments - Your symptoms can be treated by paramedics in your home and you can decide whether or not you wish to be transported. Once you have used your 2 complimentary non-transport services, you will be billed for any additional non-transport services that occur during that same membership year.

Consent to Third Party Reimbursement — As a member, I agree and consent to allow the ambulance service to file for and collect payment for ambulance services provided to me under any and all health insurance policies, plans or benefit programs, up to the total amount charged for ambulance services.

Reimbursement for Membership Services — I understand that, as a member, I will make available all medical insurance and benefits information to the EMSPlus program. I understand that I am ultimately responsible for payment of any services provided to me which are not medically necessary.

Agreement to Remit Payments for Services Provided — I agree to forward immediately to the ambulance service all payments for ambulance services sent directly to me from any insurance company or medical benefits plan. I understand that failure to comply with these terms will result in the termination of my membership and forfeiture of benefits associated with membership, and that I shall be obligated to pay all balances in full.

Nonemergency Ambulance Transportation — I understand that nonemergency ambulance transports to and from hospitals (i.e. transports other than those for sudden and unexpected injury or illness) will be covered by EMSPlus only if medically necessary.

Cancellation of Membership — I understand that the EMSPlus program has the right to terminate memberships and/or refund membership fees at its sole discretion.

Questions?

Call **EMSP_{Plus} Member Services 1-888-463-7587** or email **emsplus@emergenthealth.org**