

Member Plus

HVA · JCA · MCA · LCA · ACA · LIFECARE AMBULANCE

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LCA · ACA
LIFECARE AMBULANCE

A trip by ambulance can cost \$800 or more.

But with Member Plus, you are covered for just \$75 per year!

It can be challenging to prepare for the unexpected. But with Member Plus, you can have peace of mind knowing your ambulance treatment and transport are covered.

For \$75 per year, Member Plus covers your medically necessary ambulance transport in several counties across southern Michigan.

Member Plus Terms & Conditions

Acknowledgment. Member Plus is not insurance and does not reduce the obligations of any third-party payer. The services of an ambulance service owned and operated by Emergent Health Partners must be used to be eligible for membership benefits. Emergency 9-1-1 calls have priority over non-emergency calls. If a local fire department assists with a medical emergency, Member Plus does not pay for charges from the fire department.

Membership Coverage. Those covered by this membership include the applicant, spouse, and legal dependents listed on the application. All dependent children/adults must be listed as dependents on the applicant's federal income tax form and meet the dependency exemption requirements of the IRS.

Membership Fee/Assignment of Rights. By paying the membership fee, I consent to all terms and conditions of the Member Plus program. The membership fee is non-refundable, non-transferable, 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 ambulance service coverage.

Membership Period. Member Plus plans can be renewed at any time during the year. Membership is valid for 12 months from the time a renewal application and payment are received. The membership becomes effective upon receipt of your completed application and payment.

Eligibility. Member Plus users must live in the Member Plus service area as described in the application brochure.

Membership Services. The Member Plus program covers the out-of-pocket cost for medically necessary ground ambulance transport for all members listed on the completed application. Any services rendered that are not covered by insurance or Member Plus are eligible for a 20% discount. Call 888-463-7587 for more information.

Non-Transport Services. Member Plus covers two (2) patient evaluations or lift assists per household per membership year.

Consent to Third Party Reimbursement. Member Plus users give consent for their transporting ambulance service to file for and collect payment for ambulance services from any and all health insurance policies, plans, or benefit programs, up to the total amount charged for ambulance services.

Reimbursement for Membership Services. Member Plus users will make available all medical insurance and benefits information to the Member Plus program. Members are responsible for the remaining cost of all services not covered by Member Plus.

Cancellation of Membership. Member Plus has the right to terminate or refund membership fees at its sole discretion.

Member Plus

AMBULANCE MEMBERSHIP PROGRAM

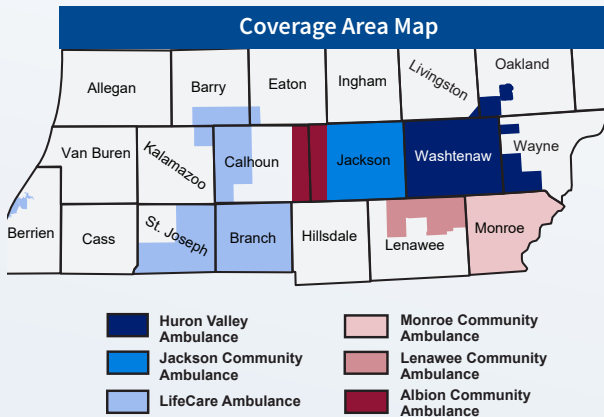


Emergencies happen.

Take comfort in knowing you are covered

with Member Plus

www.emergenthealth.org/memberplus



Benefits of Member Plus

A Member Plus membership:

- Costs \$75 per year. Membership covers you, your spouse, and legal dependents living at the same address.
- Saves you and your family money if you need an ambulance. Insured members pay no out-of-pocket costs for medically necessary transports, and non-insured members receive a discounted rate.

Additional Benefits

Most insurance plans do not cover EMS services that do not result in transport to the hospital. Member Plus members receive:

- A discount on services not covered by insurance.
- Two covered non-transport calls each year for medical assessment after a fall.

How does it work?

Your membership becomes effective once we receive your completed application and payment.

Member Plus will bill Medicare or your insurance company for any medically necessary ambulance trips. Member Plus covers any co-pays or deductibles your insurer requires you to pay.



Protect yourself against the unexpected

Fill out and sign the attached application.
Mail the application and payment to:

Member Plus

PO Box 3342, Indianapolis, IN 46206

or sign up online at
www.emergenthealth.org/memberplus



Phone: 888-463-7587

Email: memberplus@emergenthealth.org

More info & online enrollment:
www.emergenthealth.org/memberplus

MEMBER PLUS APPLICATION

or sign up online at
www.emergenthealth.org/memberplus

Name _____

DOB _____ Phone _____

Address _____

City _____ State, Zip _____

Email _____

For additional dependents and secondary insurance policies, please include information on additional paper.

Legal Dependents

Name _____

DOB _____ Relationship _____

Name _____

DOB _____ Relationship _____

Name _____

DOB _____ Relationship _____

Insurance Information

Primary Insurance _____

Policy/Contract # _____

Group # _____

Spouse's Primary Insurance _____

Policy/Contract # _____

Group # _____

Signature & Payment

Signature _____ Date _____

Spouse's Signature _____ Date _____

Check Money Order Credit Card

Card # _____

Exp _____ CVC _____