

APPLICATION FOR MEMBERSHIP



JEFFERSON FIREMED
P.O. Box 911
Jefferson, OR 97352
(541) 327-2822

Membership Fee is \$50.00

Payment Method:

Check enclosed (Please make check payable to Jefferson Fire District)

Check #: _____

Cash: _____

I am also enclosing a tax deductible contribution:

\$25 \$50 \$100 \$ _____

For Office Use Only

Membership #
Date Received:

NAME & MAILING ADDRESS

(Please print)

Date of Birth: _____

Phone #: _____

Street Address (if different than above) _____

City _____ State _____ Zip _____

List below all **eligible** household members that are covered by FireMed; **Eligible** family members consist of household members that use the above address as their home address or dependents living in nursing or adult foster care homes. Please list full name including any last name that is different from the above member's name.

Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____

ALL MEMBERS OVER 18 MUST SIGN BELOW

I (WE) HAVE READ THE FIREMED AGREEMENT ON THE REVERSE SIDE AND AGREE TO THE TERMS AND CONDITIONS LISTED. I AUTHORIZE PAYMENT OF INSURANCE MEDICAL BENEFITS FOR AMBULANCE SERVICE DIRECTLY TO JEFFERSON FIREMED. MY SIGNATURE ON THIS FIREMED APPLICATION AUTHORIZES FIREMED TO SUBMIT ANY CLAIMS OR BILL TO ANY HEALTH INSURANCE PLAN OF WHICH I AM A MEMBER.

X _____ Member's Signature	X _____ Member's Signature
X _____ Member's Signature	X _____ Member's Signature
X _____ Member's Signature	X _____ Member's Signature

\$50 PAYMENT MUST ACCOMPANY THIS APPLICATION

JEFFERSON FIREMED AGREEMENT

Read this agreement carefully. Hereafter, FIREMED means the Jefferson Fire District and this agreement is between the Jefferson Fire District and the FIREMED member. Payment in full must accompany this application in order for a FIREMED membership to be in effect.

I hereby apply to FIREMED for membership for listed household members and myself*. I understand the membership fee provides **EMERGENCY MEDICALLY NECESSARY**** pre-hospital care and ambulance transportation. Coverage is immediate during the open enrollment period of May 1 through June 30, 2010 and begins after receipt of the application and accompanying payment to FIREMED. Coverage extends through June 30, 2011. I understand that FIREMED is not insurance, but provides prepaid coverage in excess of any health insurance or medical benefits I may have. I authorize FIREMED to bill directly for ambulance service to any such insurance and I agree to assign to FIREMED any claim I may have for medical insurance benefits as a result of any service provided by FIREMED while I am a member. I authorize the release of medical information for the purpose of ambulance insurance billing only, including reciprocal FireMed agencies. Should a household member or I receive payment from insurance or any other medical benefit provider for ambulance service provided by FIREMED, I will immediately forward such payment to FIREMED. Failure to do so may be grounds for cancellation of the FIREMED agreement. This membership is non-refundable and non-transferable.

TO THE INSURANCE CARRIER

I authorize a copy of this agreement to be used in lieu of the original on file by FIREMED. I authorize and expect payment of usual and customary insurance benefits for ambulance service for my family members and I directly to FIREMED, according to the FIREMED agreement and as itemized on attached statements.

* DEFINITION OF HOUSEHOLD MEMBER

A FIREMED membership covers the household members regularly living in the household who meets the following criteria. Eligible family members consist of household members that use the above address as their home address or dependents living in nursing or adult foster care homes. **OTHERS NOT COVERED IN THIS DEFINITION ARE REQUIRED TO OBTAIN SEPARATE MEMBERSHIPS.** A spouse or dependant living in a nursing home or residential care facility is covered if the care facility is within the FIREMED service area boundaries. New dependants during the term of the FIREMED membership are automatically covered.

SERVICES PROVIDED AND SERVICE AREA BOUNDARIES

A FIREMED membership provides **EMERGENCY** pre-hospital medical care and ambulance transportation, and specified **MEDICALLY NECESSARY** PHYSICIAN AUTHORIZED** non-emergency transportation. All emergency service must originate within the boundaries of the Jefferson Fire District FIREMED Ambulance Service Areas. **EMERGENCY TRANSPORTATION WILL BE TO THE NEAREST MEDICALLY APPROPRIATE HOSPITAL AS DETERMINED BY MEDICAL CONTROL PHYSICIANS.**

Non-emergency ambulance transportation from **hospital to hospital** is covered **when medically necessary and with prior authorization by a physician.** Such non-emergency transportation may be subject to extended delays due to emergency call volume.

◀ **IMPORTANT** ▶

Specifically NOT COVERED is non-medically necessary transportation where means other than ambulance should be used, including private vehicle, taxi, or wheelchair and stretcher van services as determined by FIREMED. Other examples of such uncovered services may include transportation to and from doctors offices or clinics, transportation from nursing homes for treatment normally provided in the nursing home, transport back home from a medical facility when patient condition does not warrant an ambulance or transport from hospital to hospital for care by a patient's primary physician. Extra mileage charges for transport to a hospital other than the nearest medically appropriate hospital are specifically NOT COVERED.

◀ **IMPORTANT** ▶

If I feel I must use an ambulance for NON-EMERGENCY SERVICES that is not covered by Medicare or my other medical insurance or my FIREMED membership, I understand the JEFFERSON FIRE DISTRICT will bill me for this service and I am responsible for payment of the balance of the ambulance bill.

** DEFINITION OF MEDICAL NECESSITY

Any patient who needs oxygen, IV fluids, cardiac monitoring, continuous medical observation, and evaluation due to acute onset of illness or injury requiring ambulance transport.

MEMBER BENEFITS OUTSIDE JEFFERSON FIREMED SERVICE AREA

Member benefits are extended to areas outside the Jefferson FIREMED service area, but within the state of Oregon. These benefits are limited to the terms of agreement in effect by each FireMed participating agency at the time benefits are used. Members who receive ambulance service from any other FireMed participating agency are eligible for benefits offered by that agency, provided that: 1) a copy of the ambulance bill is submitted to the local FireMed agency within 30 days of receipt of bill, and 2) the member hereby agrees to the terms of the participating agency's agreement. A current list of FireMed participating agencies is on file in the FIREMED business office.