

APPLICATION FOR MEMBERSHIP



LEBANON FIREMED
 1050 W. Oak St.
 Lebanon, OR 97355
 (541) 451-6123
 www.lebanonfire.org

Membership Fee is \$50.00

Payment Method:
 Check # _____
 (Payable to Lebanon FireMed)
 Cash _____
 Other _____

Additional tax deductible contribution:
 \$ _____

For Office Use Only

Membership # _____

Date Received: _____

NAME & MAILING ADDRESS

Phone #: _____

Street Address (if different than above) _____

FireMed membership provides you with a 50% benefit of your patient responsibility for ambulance transport. Membership is per household.
 (See FireMed Agreement for details)

PLEASE PRINT HOUSEHOLD MEMBERS

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number (optional)	Relationship
					SELF

\$50 PAYMENT MUST ACCOMPANY THIS APPLICATION
 If paying by check, please make payable to Lebanon FireMed.
 All Memberships expire June 30, of each year.

Submission of this application constitutes acceptance of the FireMed terms of agreement on the reverse side of this form.

x _____
Signature _____
Date

LEBANON FIREMED MEMBERSHIP TERMS OF AGREEMENT

By joining FireMed, Members agree to abide by the Terms of Agreement Below.

Definition: Firemed is a voluntary ambulance membership program operated by the Lebanon Fire District (hereinafter referred to as LFD), in which members receive a **50% reduction in their patient responsibility balance** for ambulance service provided by LFD. FireMed is not insurance. LFD will bill insurance for ambulance services that members may have and LFD is entitled to all benefits paid for ambulance services rendered, up to the total dollar amount of services incurred.

Membership Benefits: FireMed membership provides emergency pre-hospital medical care and ambulance transportation. **FireMed membership provides you with a 50% benefit of your patient responsibility for ambulance transport.** All emergency service must originate within the boundaries of the Lebanon Fire District 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.

Specifically Not Covered: is non-emergent/non-medically necessary transportation where means other than ambulance should be used, including private vehicle, taxi, or wheelchair and stretcher van services. 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.

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

Membership Benefits Outside of Local Service Area: Other participating reciprocal agencies may extend member benefits to areas outside the LFD ambulance service area. These benefits are limited to the terms of agreement in effect by the participating agency providing services at the time benefits are used. Members who receive ambulance service from any other participating agency are eligible for benefits offered by that agency. A current list of participating agencies is available at the Lebanon Fire District office. LFD is not responsible for the type, level, or quality of services provided by a participating agency nor is LFD financially responsible for any costs or charges incurred by a member from any other ambulance provider. LFD is not responsible for the withdrawal of participating reciprocal agencies. Participating agencies are subject to change without notice.

Member Responsibilities: Members pay an annual membership fee and will assign and transfer to LFD all rights and benefits for ambulance services from all insurance policies, plans, or other benefit programs members may have, including all rights in any claim or third party recovery, up to the total dollar amount of

services incurred, where ambulance services were provided by LFD. Should any person covered under this membership receive any payment for ambulance services rendered by LFD, they will immediately forward such payment to LFD. Members are responsible for payment of balance due after membership benefits are applied. Members authorize the release of medical and other information by or to LFD as necessary for ambulance billing. Members agree to provide, when requested, any or all information concerning insurance policies, plans, third party recovery, or other benefit programs they may have, and will cooperate and assist as necessary in any efforts to bill and collect such ambulance reimbursements, including the completion and submission of documents or claim forms.

Membership Eligibility: Residents of LFD's ambulance service areas are eligible to join by properly completing an enrollment application available from LFD and by paying the appropriate annual membership fee. FireMed household membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, within the LFD ambulance service area, living together as part of a family unit, including domestic partners, but not to include mere roomers or boarders. Membership benefits include a spouse or dependent living in substitute care (e.g. nursing homes). Others not included in this definition are required to obtain their own separate membership. The first person listed on the application form is called the "Primary Member." New qualifying household members may be added to your membership at any time by calling LFD. They will become effective the following business day.

Duration: Membership coverage begins upon acceptance of a properly completed application form along with payment, during Open Enrollment (May – June). Outside of Open Enrollment, there is a one-week waiting period.

To the Member's Insurance Carrier (for members with insurance): As a FireMed member, I authorize a copy of this agreement to be used in place of the original on file at the FireMed office. I assign and authorize payment of benefits for ambulance services directly to LFD, according to the FireMed terms of agreement and as itemized on claim forms. I expect the usual and customary ambulance reimbursement on my behalf to be sent directly to LFD.

Disclaimer: LFD reserves the right to add, modify, or delete any of the program terms and conditions completely or in part. All interpretations of the membership terms and conditions shall be at the sole discretion of LFD. Membership is non-transferable and non-refundable. Persons who receive welfare, Medicaid, Department of Medical Assistance Programs, or Oregon Health Plan medical benefits need not be members in order to have full coverage for services covered under these programs. Any such membership constitutes a voluntary contribution only. Violations of the terms of agreement may result in membership revocation, forfeiture of benefits associated with membership and an obligation to pay all balances in full. A copy of the Notice of Privacy Practices is available online and at the Lebanon Fire District office at 1050 W. Oak Street.