



## Membership Agreement

I apply for membership with North Central EMS for my family and me, as defined and listed on this application. For my membership, I enclose the membership fee and the assignment of rights, as explained below. I understand that if North Central EMS accepts my application, I will comply with the following terms of the membership contract.

Household members are defined as: myself, my spouse, my unmarried children and/or my spouses' children who are dependents and live at our address.

Membership applies to ground ambulance services to or from a medical facility within the service area of NCEMS, or to or from a hospital in Cleveland, Toledo, or Columbus Ohio. Physician authorization is required for non-emergency transfers. This agreement does not cover transportation to or from a physician's office or any other non-approved destination as defined in the Medicare guidelines. It does not cover wheelchair transportation.

Payment of the membership fee and the assignment of rights allows NCEMS to make claims for payment against the insurer(s) or medical benefits provider(s) of members having ambulance services coverage.

I assign to NCEMS all my rights and benefits for ambulance services coverage under any and all of my medical insurance policies or other medical benefits contract(s). I also assign to NCEMS all rights I may have under any laws which require timely payment by my insurer. The benefits assigned include all benefits payable under my primary insurance or other medical benefits contract(s) and those due under any supplemental insurance policy, plan or contract. I authorize and direct my insurer(s) or other medical benefits provider(s) to pay directly to NCEMS all sums due under my policies for services by NCEMS.

For services provided by NCEMS, I assign to NCEMS whatever rights I may have or may get in the future to obtain payment from third persons for those services. I also subrogate NCEMS to whatever claims I may have or may get in the future against such persons. I understand that upon payment by my insurer or other medical benefits provider(s) of the maximum amount due under my policy or plan and controlling law for NCEMS' customary charges, NCEMS will release me from responsibility to pay any remaining amounts due.

I understand that emergencies have first priority and that dispatching and transporting decisions will be made by the staff of NCEMS.

The membership program takes effect upon receipt of your payment and application to our office and will be effective for one year. The membership fee for individual or family membership is Forty-Nine Dollars (\$49.00) per year. Each year, member(s) will receive notice of the annual fee before the renewal of the agreement. Fees and terms of this Agreement may be changed from time to time by NCEMS.



## Membership Application

Membership in NCEMS is non-refundable. NCEMS has the right to require proof of conditions for membership at any time and may withhold membership benefits for any person for whom proof is not given.

THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY

Check or money order should be made payable to North Central EMS,  
12513 US Rte. 250 N, Milan, Oh 44846

PLEASE PRINT

\_\_\_\_\_ New  
\_\_\_\_\_ Renewal

### Head of Household

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ SS# \_\_\_\_\_

### Spouse

\_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

### List unmarried children under 18 or claimed as a dependent

\_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

## INSURANCE INFORMATION FOR HEAD OF HOUSEHOLD

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_  
Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_

## INSURANCE INFORMATION FOR SPOUSE & CHILDREN

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_  
Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_