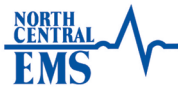


# Application for Membership North Central EMS



## Membership Fee \$50.00

Membership is non-refundable and non-transferable.

Check or money order should be made payable to: North Central EMS 12513 U.S. Rt. 250 N. Milan, OH 44846

### Head of Household

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

### Spouse

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

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

### Dependent Information

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

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

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

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

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

I hereby apply for membership in the North Central EMS Membership program. I have reviewed the Membership Agreement on the back and agree to abide by the terms thereof. This agreement and authorization is executed on my own behalf and on behalf of other members of my household, if they are minors or otherwise unable to sign.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

# Membership Agreement

**Household Members** - Immediate members of my family, which shall be defined as the head of household and spouse, and the resident dependent children who have never been married.

**Membership Fee and Assignment of Rights** - In consideration of the membership services provided by North Central EMS described below and except as hereinafter set forth, I have paid to North Central EMS a non-refundable and nontransferable membership fee and assign to North Central EMS, on my behalf and on behalf of the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans. For purposes of this agreement "ambulance service" shall mean medical ground transportation of patients meeting medical necessity guidelines as determined by Medicare guidelines. I also agree to assign and transfer to North Central EMS on my behalf and the immediate members of my family covered by this membership, all rights in any claim where ambulance services by North Central EMS were provided, up to the total billed dollar amount of charges incurred. I understand that my membership benefits are applicable after insurance deductibles have been met. I understand that if I have no insurance I am ultimately responsible for payment of ambulance services provided by North Central EMS, less a 50% discount afforded to me as a member. I understand that this creates a legal obligation on my part to pay for services provided to me.

**Membership Services Provided** - In consideration of the membership fee and assignment of rights to North Central EMS described above, North Central EMS agrees to provide available emergency and non-emergency medically necessary ambulance service for me and the immediate members of my family covered by this membership. Physician authorization is required for non-emergency transfers, and this agreement does not cover transportation determined as non-medically necessary to or from a physician's office or any other non-approved destination as defined in the Medicare guidelines. I understand that emergencies have first priority.

**Reimbursement for Membership Services** - I agree that as a member, I shall make available all medical insurance and benefits information to North Central EMS. I agree that in the event that I, or a member of my family, makes a demand or files a claim or lawsuit for personal injury damages resulting from an accident or injury when North Central EMS provided transportation, or services, I shall notify North Central EMS immediately of the demand, claim, or lawsuit should any outstanding balance (i.e. the amount due for services provided due to a lack of insurance coverage or denial of payment by the insurer) be owed by me or my family members covered by this membership. I understand that I am responsible for payment of services provided to me. I hereby consent that North Central EMS or their designated agent may contact me in regards to my bill and leave a message regarding same on any type of answering device utilizing the following means: telephone, mobile or otherwise; live voice message; pre-recorded message; automatic dialing device; email; text message; and any other reasonable means of communication, written or oral. Nothing herein shall be construed to waive any lien rights, privileges or rights of legal subrogation provided by law to North Central EMS.

**Member Consent to Third-party Reimbursement** - As a member, I agree and consent to North Central EMS filing for and collecting payment for services provided to me or the members of my immediate family covered by this membership, under any and all medical or health insurance policies, plans or benefit programs, up to the amount of North Central EMS' billed charges for ambulance services covered by this membership, as evidenced by my signed Consent Form.

**Agreement to Remit Payments Made by Insurer to Member for Services Provided** - I, and the members of my immediate family covered, hereby agree to forward immediately to North Central EMS, all payments for ambulance services provided by North Central EMS and sent directly to any of us from any insurance company, medical benefits plan, or proceeds derived from lawsuits or settlements up to the total dollar amount of charges incurred.

**Cancellation of Membership** - I agree that North Central EMS has reserved the right to void this membership in the event of my failure to comply with any of these terms. I agree and understand that if my membership is voided, I will be obligated to pay all balances in full. I also understand and agree that a failure to comply with membership terms (and grounds for membership revocation) shall include a refusal of any insurer or health care provider to recognize and pay for the services rendered by North Central EMS to me or the immediate members of my family, pursuant to the assignment of benefits contemplated by this membership agreement.

**Membership Period** - I understand this membership is for a period of one year commencing on receipt of my application and payment at North Central EMS administrative offices. I understand that by payment of the membership fee, I have consented to all terms and conditions of this membership application on my behalf and the members of my family covered by this membership.

**Member Agreement to Terms and Disclosure of Insurance Information** - As a member of North Central EMS, I request that payment of authorized Medicare or other insurance benefits be made on my behalf directly to North Central EMS, for any ambulance services furnished to me or members of my immediate family covered by this membership. I hereby consent and authorize any holder of insurance information about me and the members of my family covered by this membership (including Medicare or any private insurance company or benefits plan) to release such information, now or in the future, to North Central EMS, if such release is made in compliance with the Health Insurance Portability and Accountability Act (HIPAA). As a member of North Central EMS, I agree, in order for North Central EMS to service my account or to collect any amounts I may owe, North Central EMS may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. North Central EMS may also contact me by sending text messages or emails, using any email address I provide to North Central EMS.

**FAILURE TO COMPLY WITH THE ABOVE TERMS MAY RESULT IN MEMBERSHIP REVOCATION.**