

MEMBERSHIP

Vital Care Partners



- ...A feeling of belonging
- ...A sense of community
- ...Shared experiences
- ...Security



- ...Care in your
time of need

A feeling of belonging...

Membership in the Vital Care Program means that when you have an injury or illness that requires medical transport, you will receive the highest quality care without the worry of how to pay the bill. Through the Vital Care Program, you have the opportunity to make an investment in Wayland Area Emergency Medical Service – and at the same time receive protection from unexpected ambulance costs.

A feeling of community...

Your call for help will be answered by professionally trained emergency medical personnel. They care because they are your neighbors. These men and women, licensed as Paramedics, Emergency Medical Technicians, and Medical First Responders provide the best emergency care possible in their own community. Your membership is an investment in their work, and in the tools they need to do their job. Wayland Area EMS was established in 1976 and is an authority that is owned and operated by the City of Wayland and the ten surrounding townships that comprise our service area. Your continued support will allow WAEMS to consistently provide the highest levels of care with state-of-the-art advanced life support equipment, and up-to-the-minute training on new techniques. The ambulance service also serves the community by providing free blood pressure checks, EMS, CPR, and First Aid training as well as other educational programs.

Shared experiences...

More than 45,000 people in northeast Allegan and western Barry counties rely on the advanced life support services provided by Wayland Area EMS. If you live in the townships of Salem Dorr, Leighton, Monterey, Hopkins, Wayland, Yankee Springs, Watson, Martin, and Orangeville, or the City of Wayland, you automatically receive the services of WAEMS when you call 911 for a medical emergency and are therefore eligible for the Vital Care Partners Program. This also means that joining the membership of another ambulance service could mean life-threatening delays in response time and unexpected charges.

Security...

When you have a medical need, you will never have to add ambulance cost to the list of more important things you'll have to worry about, like getting well. The \$45 yearly membership fee is all you and covered family members will ever have to pay out of pocket for medically necessary ambulance charges. In this day of rising co-pay amounts and deductibles, Vital Care Partners offers you a way to regain control and guarantees your financial peace of mind. Although this program seeks third party reimbursement (insurance) to keep membership costs low, no expenses are passed on to the members should our services be necessary. The \$45 fee covers you, your spouse, and dependent children for one year or choose the "4 for 3" option in which you pay now for 3 years (\$135) and receive the fourth year free.

Wayland Area EMS
911 S. Main St.
Wayland, MI 49348

**Serving the communities of Salem, Dorr, Leighton, Monterey, Hopkins Wayland,
Yankee Springs, Watson, Martin, Orangeville and the City of Wayland.**



Vital Care Partners

Membership Contract

Wayland Area Emergency Medical Service

I understand that for my membership to be effective, I must use the services of Wayland Area EMS.

I understand that the annual \$45.00 per family membership fee provides emergency medical services and ambulance transportation at no additional out of pocket cost to me, provided it is medically necessary. The Vital Care Partners Program covers the Primary Member and spouse and any minor children (or eligible dependents) living in the house. If you prefer, we also have a "4 for 3" membership - if you pay for 3 years (\$135.00), you get a fourth year free.

Wayland Area EMS retains the right to bill Medicare, Medicaid and private insurance companies for services provided. This program is subject to changes in Medicare reimbursement and may not be changed or terminated without notice. This is not an insurance program and does not reduce the obligation of any third-party payer. I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Wayland Area Emergency Medical Service for any services provided to me by Wayland Area EMS now, in the past or in the future. I understand that if my signature is requested and I do not supply it, I am responsible for the total bill. If my insurance carrier remits directly to me, I will promptly turn over the payment to Wayland Area EMS or I will be responsible for the bill.

I understand that the Wayland Area EMS Vital Care Partners membership services are limited to "medically necessary" transportation, where ambulance transportation to or from a health care facility (hospital or nursing home) is indicated by the patient's condition and where alternate forms of transportation would be normally inappropriate. I understand that long-distance non-emergency transfers may result in additional fees being charged by Wayland Area EMS. I understand that physician authorization is required for all routine medical transfers to and from hospitals.

I understand that the Vital Care Partners membership is effective on receipt of full payment and signed membership contract. You may enroll at any time, but the membership runs from June 15-June 15. I understand that this membership is non-refundable and is not transferable. Wayland Area EMS reserves the right to terminate this agreement if abuse is found to exist. For additional information, call Wayland Area EMS at 269-792-2958.

Please remember you must call 911 if you need emergency services

Member Information:

First Name _____ M.I. _____ Last _____

Address _____

Phone Number: _____ Soc Sec # _____ Birth Date _____

Primary Insurance: _____

Policy # _____ Group# _____

Company Address: _____ City: _____ ST: _____ Zip: _____

Secondary Insurance: _____ Policy# _____ Group# _____

Signature: _____

Spouse First Name _____ M.I. _____ Last _____

Soc Sec # _____ Birth Date: _____

Primary Insurance: _____

Policy # _____ Group# _____

Company Address: _____ City: _____ ST: _____ Zip: _____

Secondary Insurance: _____ Policy# _____ Group# _____

Signature: _____

Dependent Information:

First Name _____ M.I. _____ Last _____

First Name _____ M.I. _____ Last _____

First Name _____ M.I. _____ Last _____

Please keep a copy for your records-we do not send receipts.

Mail to: Wayland Area EMS 911 S. Main St. Wayland, MI 49348

Credit Card Number _____ Exp. Date _____/_____/_____ CVV Code _____

Signature _____

Plan: Annual \$45.00 New Member Payment Type Cash Date of Payment
4 for 3 \$135.00 Current Member Number _____ Check _____/_____/_____