



Membership Application

Oakridge City Hall, PO Box 1410, Oakridge, OR 97463 Phone 541-782-2416 Fax 541-782-2414

Please complete and return this form along with your membership fee. Thank you for making the choice to join! Your membership helps keep our community safe and secure.

Choose your coverage:

See coverage map & full membership details at firemed.org

 **FireMed** **\$75** /year
Full Household Ambulance Coverage

 **FireMedPlus** **\$134** /year
Full Household Coverage for Ambulance + Life Flight Network

Household Information

Home Address Apt / Unit #

City State Zip Code

Mailing Address (if different from above)

City State Zip Code

Telephone Number(s)

Telephone

Email Address, if available

Your email address is kept confidential and only used as a contact method by FireMed.

FireMed household membership benefits cover you, your spouse or domestic partner and dependents claimed on your income tax return and that live in the same household. Elderly or disabled family members living in the same household are also covered. Life Flight has its own terms for membership and can be found on the Life Flight Network website.

Last Name

First Name

Middle Initial

Date of Birth (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you hear about FireMed?

Submission of this application with payment constitutes acceptance of the FireMed terms of agreement on the reverse side of this form. You will receive a copy of the terms of agreement with your membership confirmation.

Payment Information

Please return this form with payment to Oakridge City Hall. Credit card payments must be made in person at City Hall.

OFFICE USE ONLY

TOTAL \$.....

DATE.....

CC.....CA.....CK#.....

DONATION.....

OTHER.....

Oakridge FireMed Ambulance Membership Program 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 City of Oakridge, hereinafter referred to as CITY. FireMed is not insurance. It is in addition to any medical benefits members may have. The CITY will bill insurance or other coverage for ambulance services that members may have and the CITY is entitled to all benefits paid for ambulance services rendered, up to the total dollar amount of services incurred.

Membership Benefits: Membership covers applicable patient out-of-pocket expenses for medically necessary emergency ambulance care and transportation to the nearest appropriate hospital, provided by the CITY within the CITY's ambulance service area. Oakridge FireMed allows (2) uses for medically necessary transports per household member, per membership year. "Medically necessary ground ambulance transportation" means that the patient must be transported to a hospital for medically necessary services, and transportation in any other vehicle could endanger the patient's health. Oakridge FireMed will discount the bill 50% for subscribers without insurance coverage, who are transported to a hospital. This benefit is available twice per household member, per membership year for medically necessary transports.

Membership Benefits Outside of Local Service Area: Other participating reciprocal agencies may extend member benefits to areas outside the CITY 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, if the member agrees to abide by the participating agency's terms of agreement. A current list of participating agencies is on file in the FireMed business office and at FireMed.org. The CITY is not responsible for the type, level, or quality of services provided by a participating agency nor is the CITY financially responsible for any costs or charges incurred by a member from any other ambulance provider. Participating agencies are subject to change without notice. The CITY is not responsible for the withdrawal of participating reciprocal agencies.

Member Responsibilities: Members pay an annual membership fee and will assign and transfer to the CITY 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 the CITY provided ambulance services. Should any person covered under this membership receive any payment for ambulance services rendered by the CITY, they will immediately forward such payment to the CITY. Members authorize the release of medical and other information by or to the CITY 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 the CITY's ambulance service area are eligible to join by properly completing an enrollment application available from the CITY and by paying the appropriate annual membership fee.

FireMed household membership benefits cover you, your spouse or domestic partner and dependents claimed on your income tax return and that live in the same household. Elderly or disabled family members living in the same household are also covered. Others not included in this definition are required to obtain their own separate membership. The first person listed on the application form is the "Primary Member." Anyone who joins a household after the membership goes into effect can be included under the membership from the date the "Primary Member" notifies the CITY of the addition. Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits.

Duration: Membership coverage begins two days after receipt of a properly completed application form with payment and extends to June 30 of the following year.

To the Member's Insurance Carrier (for members with insurance): As a FireMed member, I authorize use of a copy of this agreement in place of the original on file at the FireMed office. I assign and authorize payment of benefits for ambulance services directly to the CITY according to the FireMed terms of agreement and as itemized on claim forms. My membership fee covers any applicable deductible, coinsurance, or co-payment amounts and I expect the usual and customary ambulance reimbursement on my behalf be sent directly to the CITY.

Disclaimer: The CITY 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 the CITY. 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.

FireMed Plus, Life Flight Network Air Ambulance Option: Life Flight Network air ambulance membership is an optional coverage available for an extra fee. See Life Flight Network membership brochure at www.lifeflight.org or call 1-800-982-9299 for latest membership terms. If you or a family/household member uses Life Flight Network emergency air transport under medically necessary circumstances, Life Flight Network will accept an insurance settlement (if any) as payment in full. Such transports may also be covered for members transported by a reciprocal provider. Reciprocity is subject to the reciprocating provider's rules. Related ground ambulance transport is covered when provided by a FIREMED network reciprocal provider. Life Flight Network flies patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership.