

East Boise County Ambulance  
PO Box 1300  
Idaho City Idaho 83631

## About Us

We are a dedicated group of volunteers committed to delivering top-notch emergency medical services in East Boise County. Our origins trace back to November 2, 1987, when four distinct organizations unified to form the East Boise County Ambulance District, established as a taxing district. Today, we proudly offer medical services at the EMT Basic level.

**Contact Us:** Phone: 208-392-6644

Email: [ebcaddirector@co.boise.id.us](mailto:ebcaddirector@co.boise.id.us)

Web: <https://ebcad.net/>



**EAST BOISE  
COUNTY  
AMBULANCE  
RIDE TICKET**



**EAST BOISE COUNTY  
AMBULANCE RIDE TICKET**  
204 Commercial Street  
Idaho City ID 83631

*East Boise County Ambulance*



# East Boise County Ambulance District

## Ride Ticket Program

*Ride Ticket program offers peace of mind.*

*At East Boise County Ambulance District (EBCAD), we are committed to ensuring that high-quality pre-hospital healthcare is accessible to all residents of East Boise County, irrespective of their financial circumstances. This commitment led us to establish the Ambulance Ride Ticket program. We understand that unforeseen medical emergencies can pose financial challenges, and we aim to ensure that such circumstances do not impede individuals in our community from receiving essential healthcare. For only \$100 per ticket, or \$90 for active or retired military, active first responders, or seniors aged 65 or older, the Ride Ticket program provides a sense of security.*

### Statement of Understanding

I understand that the Ride Ticket Program benefits are for myself, spouse and any dependents that I claim on my income tax return. The Ride Ticket must be purchased prior to a request for medical response and/or an emergency transport on any ambulance in the East Boise County Ambulance District. A ride ticket may not be used within 72 hours of purchase. Each Ticket is valid for from January-December of the year of purchase or until it has been redeemed for a one-time, MEDICALLY-NECESSARY ground ambulance transport or response. East Boise County Ambulance District will send you an invoice for the service and subsequently bill your insurance. Once your insurance provider contributes their responsibility towards your claim, we will then waive the remaining balance any amount the patient is responsible for above \$150. In cases where you lack insurance or your insurance does not cover the claim, the ticket holder's is responsible for only \$150, regardless of the total bill amount.

I transfer, directly to EBCAD, my rights to ground ambulance insurance payments due to me for any transport by EBCAD. Such payments shall not exceed EBCAD's regular charges. I further understand that any applicable insurance will be billed prior to the redemption of my EBCAD Ride Ticket, but that once a transport has occurred, that ticket will be deemed utilized for any subsequent transports.

I understand that my EBCAD Ride Ticket is not an investment and does not provide any form of financial security or any form of insurance to me, my spouse or my dependents. Purchase of an EBCAD Ride Ticket does not guarantee transport or response; nor does it give priority in emergency situations; it only applies to financial responsibility after a transport has occurred. I understand that the primary purpose of the ride ticket is to aid in coverage for the MEDICALLY NECESSARY cost incurred with a transport by

EBCAD. This is the cost that is above and beyond what my private insurance company provides for coverage.

I specifically waive any and all rights, claims or cause of action against Boise County, its employees, volunteers and agents with respect to my EBCAD Ride Ticket and/or the Ride Ticket Program

### Members Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_

### Family Information

First/ Last / Relationship/ DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Terms and Conditions:

**I have read and I agree to the terms and conditions of the EBCAD Ride Ticket Program as described.**

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

