

APPLICANT

**EAST BOISE COUNTY AMBULANCE
P.O. BOX 1300
Idaho City Idaho 83631**

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Who Are We?

Some details about your local ambulance service.

We are a volunteer group that works to provide you with the best emergency medical services available in East Boise County. We were established as a taxing district on November 2, 1987. At that time four individual organizations joined together under one organization now known as the East Boise County Ambulance District. We provide medical services at the EMT Basic level.



All of our EMT's are trained and certified to the Department of Transportation Standards in conjunction with the National Registry Basic requirements and the State of Idaho Standard Operating Protocols.

We're here when you need us.



Membership Ride Ticket Application

**East Boise County
Ambulance District**

P.O. Box 1300
Idaho City, Idaho 83631
Office: (208) 392-6644
Billing: (208) 392-6644

East Boise County Ambulance District Ride Ticket Program

**Ride Ticket
Application \$50.00**

Statement Of Understanding

I understand that the Ride Ticket Membership Program benefits are for myself, my 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. This Ticket is valid for one full year from the date of purchase or until it has been redeemed for a one time medically necessary ground ambulance transport or response.

I transfer, directly to EBCAD, my rights to ground ambulance insurance payments due to me. Such payments shall not exceed the EBCAD's regular charges. I further understand that any applicable insurance will be billed prior to the redemption of my EBCAD Ride Ticket.

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. 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: _____

Phone: _____

Email: _____

Family Information

First Name / Last Name / Relationship / DOB

Terms and Conditions

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

Signed: _____

Dated: _____

Expiration Date: _

**NOTHING BEATS STRONGER
THAN THE HEART OF A
VOLUNTEER**

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