

MEMBERSHIP APPLICATION

1. MEMBER INFORMATION (please print)

Primary Member First Name		Primary Member Last Name		
Home Phone Number ()	Cell Phone Number ()		Date of Birth / /	
E-mail Address		Current Member Household ID#		
Mailing Address	City	State	Zip	County
Home Address (if different than above)	City	State	Zip	County

I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document) FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.

Initials	Date
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FOR QUESTIONS OR TO ENROLL BY PHONE:

Crystal Martinez
Membership Sales Manager
541-707-7000
Crystal.Martinez@gmr.net
amcnrep.com/crystal-martinez

2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)

Secondary Member First Name	Secondary Member Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /





3. MEMBERSHIP OPTIONS (select one)

EMERGENT GROUND COVERAGE	LIFETIME	2 YEAR	1 YEAR
Chemult RFPD	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50
Cresecent RFPD	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$116	<input type="checkbox"/> \$58
Rocky Point Fire EMS		<input type="checkbox"/> \$116	<input type="checkbox"/> \$58
Klamath County Fire District 1		<input type="checkbox"/> \$100	<input type="checkbox"/> \$65
Chiloquin Fire & Rescue			<input type="checkbox"/> \$99

To purchase Fly-U-Home as a stand-alone product, please call 800.793.0010 or visit www.amcnrep.com. * Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply. *Fly-U-Home membership applies to the contiguous 48 states. International membership includes both domestic and international travel.



4. PAYMENT OPTIONS (select one)

<input type="checkbox"/> Check or Money Order Payable to: AirMedCare Network, P.O. Box 948, West Plains, MO 65775		<input type="checkbox"/> Cash
<input type="checkbox"/> Automatic checking account transfer (attach a voided check)		<input type="checkbox"/> Credit Card    
Total AMCN and/or Fly-U-Home amount	\$ _____	Credit Card Number _____
Total FireMed and/or ParaMed amount	\$ _____	Expires _____ 3 digit code on back of card _____
FireMed/ParaMed tax deductible contribution	\$ _____	STATEMENT OF AUTHORIZATION I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA).
TOTAL AMOUNT	\$ _____	
Name on Bank Account _____		
Routing Number _____	Account Number _____	<input checked="" type="checkbox"/> Signature required for automatic withdrawal _____ / / Date

FOR OFFICE USE ONLY		
GET CODE	TRACK CODE	PLAN CODE
	13842	
FUH PLAN CODE	FIREMED CODE	GROUND PLAN CODE

CHILOQUIN FIRE AND RESCUE FIREMED TERMS OF AGREEMENT

Definition: FireMed is a voluntary ambulance membership program operated by Chiloquin-Agency Lake RFPD(hereinafter referred to as CF&R). FireMed is **NOT INSURANCE**. It is an addition to any medical benefits members may have. **CF&R WILL BILL INSURANCE OR OTHER COVERAGE FOR AMBULANCE SERVICES THAT MEMBERS MAY HAVE AND CF&R IS ENTITLED TO ALL BENEFITS PAID FOR AMBULANCE SERVICES RENDERED, UP TO THE TOTAL DOLLAR AMOUNT OF SERVICES INCURRED.**

Membership Benefits:

CF&R FIREMED allows two (2) uses for medically necessary ambulance transports per household member, per membership year.

CF&R 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.

CF&R FIREMED allows one (1) non-transport related charge per household member, per membership year. Once the maximum of one (1) non-transport related charge is covered within a membership year for a household member, no further non-transport related charges will be covered by CF&R FIREMED for that household member, for the remainder of the membership year.

Membership Benefits Outside of Local Service Area:

Other participating reciprocal agencies may extend member benefits to areas outside of the CF&R 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, provided that: 1) a copy of the ambulance bill is submitted to CF&R within 30 days of the receipt of bill, and 2) 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. CF&R is not responsible for the type, level, or quality of services provided by a participating agency nor is CF&R financially responsible for any costs or charges incurred by a member from any other ambulance provider. CF&R is not responsible for the withdrawal of participating reciprocal agencies. Participating agencies are subject to change without notice.

Member Responsibilities:

Members pay an annual membership fee and will assign and transfer to CF&R all rights and benefits for ambulance services from all insurance policies, plans, or other benefit programs member may have, including all rights in any claim or third party recovery, up to the total dollar amount of services incurred, where ambulance services were provided by CF&R. Should any person covered under this membership receive any payment for ambulance services rendered by CF&R, they will immediately forward such payments to CF&R. Members authorize the release of medical and other information to CF&R 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 CF&R ambulance service area are eligible to join by properly completing an enrollment application available from CF&R and paying the appropriate annual membership fee. FireMed household membership includes all persons who are permanent residents of the same single family occupancy, non-commercial residence, within the CF&R ambulance service area, living together as part of a family unit, but not to include roomers or boarders. Membership benefits are also extended to include household members living in substitute care (e.g. nursing homes) in the CF&R ambulance service area. Others not included in this definition are required to obtain their own separate membership. The first person listed on the application form is called 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 CF&R FireMed 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.

Effective Date:

New FIREMED membership coverage begins 72 hours after acceptance of a properly completed application and payment. Current members renewing will have continued coverage if the payment is made prior to the expiration date.

To the Member's Insurance Carrier (for members with insurance):

As a CF&R FireMed member, I authorize a copy of this agreement to be used in place of the original on file at the CF&R FireMed office. I assign and authorize payment of benefits for ambulance services directly to CF&R, according to the FireMed terms of agreement and as itemized on claim forms. My membership fee covers any applicable deductible, co-insurance, or co-payment amounts and I expect the usual and customary ambulance reimbursement on my behalf to be sent directly to CF&R.

Disclaimer:

Chiloquin Fire and Rescue 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 CF&R. 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.