2006-2007 EUGENE FIREMED MEMBERSHIP APPLICATION

Eugene Fire & EMS
1705 W. 2nd Ave
Eugene OR 97402
(541) 682-7199

MEMBERSHIP OPTIONS: please check one

____ FireMed Only ($50) ____ Life Flight Only ($50) _____ Joint FireMed & Life Flight ($85)

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

MESSAGE PHONE NUMBER: _____

HOUSEHOLD MEMBERS:

First Name	Last Name	Middle	Birthdate		
			Mo	Day	Year

Payment Type: We accept Cash, Checks, Visa, MasterCard, American Express, and Discover (circle one)

Cash **Check #_____** **Credit Card#_____** **Expiration____/____**

Membership Fee ($50 or $85) $_____
Eugene FireMed Donation $_____

TOTAL ENCLOSED $_____

I accept all Terms of the Agreements, and, if I am paying by credit card, I authorized the CITY OF EUGENE to charge my account as listed above.

Signature_____ **Date:**_____

2006-2007 Eugene FireMed and

Life Flight Membership Agreement

REVISED 4/28/2006

PLEASE NOTE: The terms of agreement vary slightly for each program. Please read carefully.

EUGENE FIREMED TERMS OF AGREEMENT: 682-7199

Definition: Eugene FireMed is a voluntary pre-paid ambulance service program operated by the City of Eugene (hereinafter referred to as CITY). FireMed is not insurance. When covered ambulance services are provided to members, FireMed will handle all insurance billings and waive those costs, such as co-payments and deductibles that are not covered by insurance. FireMed waives service costs after all other third-party resources are exhausted. Persons who receive welfare, Medicaid, Office of Medical Assistance Programs, or Oregon Health Plan medical benefits should check with their coverage representative to determine whether they will benefit from membership in FireMed before joining.

Membership Eligibility: Any resident of the CITY'S ambulance service area may enroll him/herself and all "household" members in Eugene FireMed by completing an enrollment application form and paying the annual membership fee. The person who signs the application form will be designated the "Primary Member." "Household" members include: (A) children of the Primary Member under the age of 18, for which the Primary Member is responsible, including adopted and foster children, and (B) any person whose permanent residence is with the Primary Member, and who is either: (1) related to the Primary Member by blood or marriage, or (2) covered as a dependent under the Primary Member's insurance policy or health plan, or (3) considered a domestic partner by the Primary Member. Anyone who joins the Primary Member's household after the membership goes into effect can be included under the membership from the date the Primary Member notifies 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. To add a member, call the Eugene FireMed office at (541) 682-7199.

Membership Benefits: The CITY provides emergent medical and ambulance transportation services to all areas within the City of Eugene and other designated territories in west central Lane County. Eugene FireMed covers applicable patient out-of-pocket expenses for medically necessary emergent and physician-ordered non-emergent ambulance care and transportation provided by the CITY within the CITY'S ambulance service area. ***The member is financially responsible for payment of medical services and/or ambulance transportation which is deemed not medically necessary, and is denied payment by the member's insurance/health plan provider.***

Benefits For Services By Other Providers: Other agencies ("participating agencies") who provide FireMed-type programs and who have reciprocal agreements with the CITY may extend member benefits to Eugene FireMed members when outside the CITY'S ambulance service area. These benefits are limited to the terms of agreement in effect by the participating agency at the time services are provided. The Eugene FireMed member agrees to abide by the participating agency's terms of agreement. 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. The CITY will not notify members of the addition or deletion of agencies from the participating agency list and is not responsible for the acts of participating agencies.

Member Responsibilities: In addition to payment of the annual membership fee, members are required to assign and transfer to the CITY all rights to receive payments, **up to the total dollar amount of the ambulance service provided by the CITY,** from all applicable insurance policies, plans, or other benefit programs they, or a household member may have, including all rights in any tort claim or third party recovery, Any payment or reimbursement for ambulance services rendered to a member must be immediately forwarded to the CITY. Failure to forward payments to the CITY will result in the revocation of membership for the Primary Member and all household members, forfeiture of benefits associated with membership, and an obligation to pay all fees and charges in full. Members agree to provide, when requested, any or all information concerning insurance policies,

plans, third party recovery, or other benefit programs they, or any household member may have, and will cooperate and assist as necessary in any efforts by Eugene Fire & EMS to bill and collect reimbursements from those entities, including the completion and submission of documents or claim forms, and to sign medical information release forms necessary to obtain coverage or process recovery claims.

Duration: New membership coverage commences at 12:01am, on the date that is at least 48 hours after the acceptance of a paid application form and extends to midnight of the ensuing June 30th. For new memberships received during the annual open enrollment period, coverage commences at 12:01am, on the date that is at least 48 hours after the acceptance of a paid application form and extends to midnight June 30th of the following calendar year to coincide with the membership period. Annual renewals take effect upon expiration of the prior term if the annual renewal fee is received by CITY no later than July 31st of the renewal year. Membership will lapse if not renewed with payment by July 31st, in which case a new application must be submitted. A Primary Member may rescind this agreement and obtain a refund of the annual membership fee within the first thirty (30) days of payment unless FireMed services have been provided to persons in the member's household. No refund will be made after the initial thirty-day period.

To the Member's Insurance Carrier (for members with insurance): 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, co-insurance, or co-payment amounts and I expect the usual and customary ambulance reimbursement on my behalf to 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, at any time during the membership year. All interpretations of the membership terms and conditions shall be at the sole discretion of the CITY. Violation of the terms of agreement will result in membership revocation, forfeiture of benefits associated with membership, and an obligation to pay all balances in full.

LIFE FLIGHT MEMBERSHIP TERMS OF AGREEMENT: 1-800-982-9299

Membership Eligibility: Any resident of the State of Oregon may enroll him/herself and all "household" members in the Life Flight membership program by completing an enrollment application form and paying the annual membership fee. The person who signs the application form will be designated the "Primary Member." "Household" members include: (A) children of the Primary Member under the age of 23, for which the Primary Member is responsible, including adopted and foster children, and (B) any person whose permanent residence is with the Primary Member, and who is either: (1) related to the Primary Member by blood or marriage, or (2) covered as a dependent under the Primary Member's federal taxes or (3) considered a domestic partner by the Primary Member. Anyone who joins the Primary Member's household after the membership goes into effect can be included under the membership from the date the Primary Member notifies 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. To add a member, call the Life Flight Membership office at 1-800-982-9299.

Membership Benefits: Life Flight Network provides emergent air ambulance transportation services to all areas within the State of Oregon and Southwest Washington. The Life Flight Membership program covers applicable patient out-of-pocket expenses for medically necessary emergent air ambulance transports provided by Life Flight Network. The member is financially responsible for payment of medical services and/or ambulance transportation which is deemed not medically necessary, and is denied payment by the member's insurance/health plan provider. Life Flight Membership benefits do not cover the costs associated with air medical transport for the purposes of organ transplant patient needing rapid transportation to a distant donor hospital.

Benefits For Services By Other Providers: Other air ambulance agencies ("participating agencies") who have reciprocal agreements with Life Flight Membership may extend their member benefits to Life Flight members when Life Flight members are outside the air ambulance service area. These benefits are limited to the terms of agreement in effect by the participating agency at the time services are provided. Life Flight Membership is not responsible for the type, level, or quality of services provided by a participating agency nor is Life Flight Membership financially responsible for any costs or charges incurred by a member from a non-reciprocal air medical provider. For a list of the participating reciprocal air medical providers, please contact the membership office at 1-800-982-9299.

Duration: New membership coverage commences seven (7) days for emergency scene response and thirty (30) days for inter-hospital transfers after receipt of payment and extends to midnight of the

ensuing June 30th. For new memberships received during the annual open enrollment period, coverage commences seven (7) days for emergency scene response and thirty (30) days for inter-hospital transfers after receipt of payment and extends to midnight June 30th of the following calendar year to coincide with the membership period. Annual renewals take effect upon expiration of the prior term if the annual renewal fee is received by CITY no later than July 31st of the renewal year. Membership will lapse if not renewed with payment by July 31st, in which case a new application must be submitted. A Primary Member may rescind this agreement and obtain a refund of the annual membership fee within the first thirty (30) days of payment unless air medical services have been provided to persons in the member's household. No refund will be made after the initial thirty-day period.

To the Member's Insurance Carrier (for members with insurance): I assign and authorize payment of benefits for air ambulance services directly to Life Flight Network, according to the 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 air ambulance reimbursement on my behalf to be sent directly to Life Flight Network.

Disclaimer: The Life Flight Membership reserves the right to add, modify, or delete any of the program terms and conditions completely or in part, at any time during the membership year. All interpretations of the membership terms and conditions shall be at the sole discretion of Life Flight Membership. Violation of the terms of agreement will result in membership revocation, forfeiture of benefits associated with membership, and an obligation to pay all balances in full.