



FIREMED



Join today and protect your family with the best emergency care.
JOIN ONLINE TODAY www.southlanefire.org



FireMed Ground
Ground ambulance only
\$95 Annual Fee

FireMed Ground
FireMed Ground membership provides ambulance only service.



FireMed Plus
Ground + Air ambulance
\$170 Annual Fee

FireMed Plus
FireMed Plus membership offers ground and air ambulance service with Life Flight Network.



Life Flight Network
Air ambulance only
\$ 85 Annual Fee

Life Flight Network
Life Flight Network membership offers faster and broader air medical coverage through our Life Flight Network partnership, with coverage in over six states.

Your annual membership stays in the community to help provide rapid response, high quality rescue and medical equipment, and advanced training for our Paramedics and Emergency Medical Technicians July 1 through June 30th.

TERMS AND AGREEMENT: SEE BACK

GROUND AMBULANCE: www.southlanefire.org

AIR AMBULANCE: www.lifeflight.org

Please Make Checks Payable to SLCFR or South Lane County Fire and Rescue

(541) 942-4493
firemed@southlanefire.org

Tear at perforation, fold. Insert application with your check or money order into the supplied envelope, add stamp and mail.

FIREMED - A program of South Lane County Fire & Rescue

To expedite your membership, please renew online at southlanefire.org

Head of Household Member (Last) _____ (First) _____ (M.I.) _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address (if different) _____ City _____ State _____ Zip _____
Date of Birth _____ Home Phone _____ Email _____

Per government regulations, individuals covered by Medicaid are not eligible and should not apply.

List other household members (Last name, first name, middle initial)

Name _____ Relationship _____ DOB _____
Name _____ Relationship _____ DOB _____
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Please Make Checks Payable to SLCFR or South Lane County Fire and Rescue

PAYMENT AND AUTHORIZATION:

I have enclosed my payment of: \$95.00 (FireMed Ground) \$170.00 (FireMed Plus) \$85.00 (Life Flight Network)
I am paying by: Money Order Check Cash Credit Card (VISA MasterCard)

Credit Card # _____ cvv# _____ Expiration Date: _____ / _____

By signing this membership application, I accept the Terms of Agreement. If I am paying by credit card I authorize South Lane County Fire and Rescue to charge my account as listed above.

Required Signature: _____ Date: _____

SOUTH LANE FIREMED TERMS OF AGREEMENT

Definition: FireMed is a voluntary ambulance membership program operated by South Lane County Fire and Rescue (hereinafter referred to as DISTRICT). FireMed is **NOT INSURANCE**. It is in addition to any medical benefits members may have. **THE DISTRICT WILL BILL INSURANCE OR OTHER COVERAGE FOR AMBULANCE SERVICES THAT MEMBERS MAY HAVE AND THE DISTRICT IS ENTITLED TO ALL BENEFITS PAID FOR AMBULANCE SERVICES RENDERED, UP TO THE TOTAL DOLLAR AMOUNT OF SERVICES INCURRED.**

MEMBERSHIP BENEFITS:

SLCFR Firemed benefits cover one (1) use for **medically necessary** ambulance transports per household member, per membership year for those with insurance.

SLCFR Firemed will discount the bill 25% for subscribers without insurance coverage, who are transported to a hospital. This benefit is available once per household member, per membership year.

Firemed does not cover non-transport services.

MEMBERSHIP BENEFITS OUTSIDE OF LOCAL SERVICE AREA:

Other participating reciprocal agencies may extend member benefits to areas outside the DISTRICT 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 the DISTRICT within 30 days of 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. The DISTRICT is not responsible for the type, level, or quality of services provided by a participating agency nor is the DISTRICT financially responsible for any costs or charges incurred by a member from any other ambulance provider. The DISTRICT 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 the DISTRICT all rights and benefits for ambulance services from all insurance policies, plans, or 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 ambulance services were provided by DISTRICT. Should any person covered under this membership receive any payment for ambulance services rendered by the DISTRICT, they will immediately forward such payment to the DISTRICT. Members authorize the release of medical and other information to the DISTRICT 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 DISTRICT and respective ambulance areas are eligible to join by properly completing an enrollment application available from the DISTRICT 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.** Membership benefits are also extended to include household members living in substitute care (e.g. nursing homes) in the DISTRICT ambulance service areas. 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 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. Persons with OHP or Medicaid are not eligible for membership.

EFFECTIVE DATE:

New Firemed membership coverage begins 72 hours after acceptance of a properly completed application and payment. Current members renewing prior to June 30th of the current year will have an effective date of July 1 of the new membership year.

TO THE MEMBER'S INSURANCE CARRIER (FOR MEMBERS WITH INSURANCE):

As a Firemed Member, I authorize a copy of this agreement to be used in place of the original on file at the Firemed office. I assign and authorize payment of benefits for ambulance services directly to the DISTRICT, 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 DISTRICT.

DISCLAIMER: The DISTRICT reserves the right to add, modify, or delete any of the program terms and conditions completely or in part. All interpretation of the membership terms and conditions shall be at the sole discretion of the DISTRICT. 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.