

EVERY HEAD-OF-HOUSEHOLD MUST READ THIS

Capital FireMed

“Everyone assumes they’re covered.
Then they get our bill...”

When you call 911, you don’t weigh cost. You think of getting help – now.

Unfortunately, most insurance won’t reimburse you for the full expense of emergency transport. Emergency transport isn’t free.

The cost of an ambulance call is around \$1,000. That’s for a simple call. The cost goes up quickly with the added expense of treatment required on-scene, or en route to the hospital.

That’s why your local fire departments offer Capital FireMed. A membership that will cover the amount your health insurance doesn’t cover.

A single Capital FireMed membership covers everyone in a member’s household– all for just \$60 a year.

- You’ll typically never see a bill. If you receive a bill, please contact Capital FireMed at 503-588-6428.

- Provided by the professionals of the Salem Fire Department, Marion County Fire District #1, Keizer Fire District, and Falck.

- State-of-the-art emergency medic services by dedicated professionals.

- Every member in your household is covered with a single \$60 membership.

- Capital FireMed membership covers the City of Salem and select surrounding areas. Capital FireMed membership is a very smart investment in peace of mind.

Join now.

www.CapitalFireMed.org

NEW MEMBER APPLICATION

(This is not for renewing members)

Check or Money Order to:

Capital FireMed

PO BOX 31001-2191

Pasadena, CA 91110-2191

for more information, call (503) 588-6428

www.CapitalFireMed.org

Yes, I want to apply for a new Capital FireMed membership for myself and my household members:

(Please Print)

Head of Household Member (Last) _____

(First) _____ (M.I.) _____

Street Address _____ Apt.# _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____

Date of Birth _____ Phone Number () _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

FOR OFFICE USE ONLY

Membership # _____ Date Received _____

List other permanent household members.

(First name, middle initial, last name.)

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

I HAVE ENCLOSED PAYMENT BY: MONEY ORDER CHECK

(Check or money order is non-refundable)

\$60.00 Capital FireMed Membership

I have read & agree to the terms of the Member Agreement below:

X _____

SIGN HERE

Your \$60 membership covers your entire household.

Capital FireMed Member Agreement:

I understand that the FireMed Ambulance Membership program is a jointly operated voluntary service available to residents served by Salem Fire Department, Marion County Fire District #1, and Keizer Fire District. FireMed is not insurance, but will provide ambulance services through the above agencies.

I agree to pay an annual membership fee and I assign to the transporting agency any benefits for ambulance services in any insurance policies, third party recovery, or other medical benefit that I may have. These agencies will bill insurance or other medical benefits that I may have and they are entitled to all applicable benefits paid. FireMed is in excess to any benefits members may have. I authorize the release of medical information for the purpose of ambulance billing only.

If I should receive payment directly from insurance, third party recovery, or other medical benefits for services provided by Salem Fire Department, Marion County Fire District #1, Keizer Fire District or Falck, I will immediately forward such payments to the transporting agency. I agree to cooperate in any effort to bill and collect from insurance, third party, or other medical benefits for services rendered including the execution of documents or claim forms.

I understand that membership begins upon acceptance of a completed application form accompanied by the appropriate fee and is valid for one year from that day. Non-emergency ambulance services to hospitals, nursing homes, and adult foster care centers are covered only when medically necessary and with prior authorization.

I understand that membership is non-transferrable and non-refundable. Violation of the terms of the agreement may result in immediate cancellation of membership and I will be held responsible for the full amount of ambulance charges.

FireMed membership is not solicited from persons who receive welfare, Medicaid, or Oregon Health Plan Benefits. Any such membership constitutes a voluntary contribution only.

Definition of Membership Eligibility

FireMed Membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, living within Capital FireMed's ambulance service areas, living together as part of a family unit including domestic partners, but not to include roomers or borders. Membership

is also extended to individuals living in a substitute care facility (nursing home or foster care home) within the Ambulance Service areas. Others not included in this definition are required to obtain their own separate membership.

The first person listed on the application is called the member. Anyone who joins a household after this agreement may be included in the membership from the date the MEMBER notifies Capital 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.

Members Benefits in Areas Outside of FireMed Ambulance Service Areas

Member benefits may be extended outside the local (home) FireMed Service area to other FireMed participating agencies. These benefits are limited to the terms of the agreement in effect by the participating agency providing services at the time benefits are being used.

Members who receive ambulance service from a participating FireMed agency are eligible for benefits offered by that agency provided that: 1) the member inform the agency providing ambulance service of their Capital FireMed membership within 30 days of the receipt of the bill, and 2) the member agrees to abide by the participating agency's terms of agreement.

A current list of FireMed participating agencies is available in the Business Office. Agencies make not claim as to the type, level, or quality of services provided by a participating agency. Participating agencies are subject to change without notice.

To the Insurance Carrier

As a FireMed Member, I authorize a copy of this agreement to be used in place of the original on file as the Capital FireMed office. I assign and authorize payment of insurance benefits for ambulance services for myself and members of my household directly to Salem Fire Department, Marion County Fire District #1, Keizer Fire District, and Falck and according to the terms of the agreement and on itemized claim forms.

My membership fee will cover any applicable deductible and/or co-insurance amounts. I have paid the co-payment for ambulance services rendered and expect the usual and customary reimbursement on my behalf to be sent to Salem Fire Department, Marion county Fire District #1, Keizer Fire District, or Rural/Metro Ambulance.