



APPLICATION FOR MEMBERSHIP

ALL MEMBERSHIPS EXPIRE OCTOBER 31ST OF EACH YEAR

\$65

Membership Fee

FIREMED
Polk County Fire District No.1
1800 Monmouth Street
Independence, OR 97351

If you need assistance
Please contact us at:

Phone: 503-838-1510
Fax: 503-838-1235

Should a member require ambulance treatment or transport, the insurance will be bill and whatever it pays will be accepted as payment-in-full. There is nothing left to pay - as long as you have insurance coverage to bill.

Household Information (please print or type)

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Polk County Fire District No.1 membership covers the immediate family-member, spouse and all unmarried dependents under the age of 21 living in the member's residence. Dependents over the age of 21 will be considered immediate family if claimed as a dependent on the member's income tax return. Non-family individuals living in the member's household are considered separate family and must obtain a separate membership, except if they can be claimed on the household's income tax return.

Household Members (list All)

Last Name	First Name	Middle Initial	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

(Use an Additional Sheet if you Need to Add More Members)

Submission of this application constitutes acceptance of the FireMed agreement on the reverse side of this form

Signature: _____

Date: _____

Your **\$65** payment must accompany this application.
If paying by check, please make check payable to **Polk County Fire District No.1**

For Office Use Only
Received [] _____
_____ [] _____

Please complete this form and return along with your \$65 member ship fee.

Polk County Fire District No.1 FireMed Ambulance Membership Program Terms of Agreement

By Joining FireMed, Members Agree to Abide by the Terms of Agreement Below.

Definition: FireMed is a voluntary ambulance membership program operated by Polk County Fire District No.1, 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: Membership covers applicable patient out-of-pocket expenses for medically necessary emergency and non-emergency* ambulance care and transportation to the nearest appropriate hospital, provided by the DISTRICT within the DISTRICT's ambulance service area. *Nonemergency ambulance services are covered only to approved destinations, when medically necessary, and with proper prior authorization and documentation. Uninsured members will receive a 25% discount only.

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, if 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 and at FireMed.org. 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. Participating agencies are subject to change without notice. The DISTRICT is not responsible for the withdrawal of participating reciprocal agencies.

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 other 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 the DISTRICT provided ambulance services. 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 by or 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's ambulance service area 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 includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, within the DISTRICT's ambulance service area, living together as part of a family unit, including domestic partners, but not to include roomers or boarders. Membership benefits include household members living in substitute care (e.g. nursing homes) in the DISTRICT's 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 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 the DISTRICT 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.

Duration: Membership coverage begins two days after receipt of a properly completed application form with payment and extends to October 31 of the following year.

To the Member's Insurance Carrier (for members with insurance): As a FireMed member, I authorize use of a copy of this agreement 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, coinsurance, or copayment amounts and I expect the usual and customary ambulance reimbursement on my behalf 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 interpretations of the membership terms and conditions shall be at the sole discretion of the DISTRICT. Membership is non-transferable and non-refundable. Persons who receive welfare, Medicaid, Department of Medical Assistance Programs, or Oregon Health Plan medical benefits need not be members in order to have full coverage for services covered under these programs. Any such membership constitutes a voluntary contribution only. 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.