



# APPLICATION FOR MEMBERSHIP

ALL MEMBERSHIPS EXPIRE OCTOBER 31<sup>ST</sup> OF EACH YEAR

**\$60**

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, FireMed will bill any insurance coverage and accept whatever it pays as payment-in-full. There is nothing left to pay.

### 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 **\$60** 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 \$60 member ship fee.

**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. FIREMED's ambulance service areas, living together as part of a Program operated by Polk County Fire District no.1, hereinafter referred to as FIREMED. FIREMED is not insurance. It is an addition to any medical benefits members may have. FIREMED will bill insurance or other coverage for ambulance services that members may have and FIREMED 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 ground ambulance transportation to the nearest appropriate hospital, provided by FIREMED with the FIREMED ambulance service areas Polk County Fire District No.1 "Medically necessary ground ambulance transportation" means that the patient must be transported to a hospital for medically necessary services, and transportation in any other vehicle could endanger the patient's health.

**Membership Benefits Outside of Local Service Area:** Other participating reciprocal ambulance providers may extend member benefits to areas outside the FIREMED ambulance service areas. These benefits are limited to the terms of agreement in effect by the participating provider providing services at the time benefits are used. Members who receive reciprocal ambulance service from any other participating provider are eligible for benefits offered by that provider, if the member agrees to abide by the participating provider's terms of agreement. A current list of participating providers is on file in the FIREMED business office. FIREMED is not responsible for the type, level, or quality of services provided by a participating provider nor is FIREMED financially responsible for any costs or charges incurred by a member from any other provider. Participating providers are subject to change without notice. FIREMED is not responsible for the withdrawal of participating reciprocal providers.

**Member Responsibilities:** Members pay an annual membership fee and will assign and transfer to FIREMED 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 FIREMED provided ambulance services. Should any person covered under this membership receive any payment for ambulance services rendered by FIREMED, they will immediately forward such payment to FIREMED. Members authorize the release of medical and other information by or to FIREMED 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 reimbursement, including the completion and submission of documents or claim forms.

**Membership Eligibility:** Residents of FIREMED's ambulance service areas are eligible to join by properly completing an enrollment application available from FIREMED and by paying the appropriate annual membership fee. FIREMED membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, living within FIREMED's ambulance service areas, living together as part of a family unit, but not to include roomers or boarders, Membership benefits include household members living in substitute care (e.g. nursing homes) in FIREMED's 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 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.

**Duration:** Membership coverage begins the day of acceptance of a properly completed application form with payment, and extends to October 31<sup>st</sup> of current year or following year. Renewal is in October so the member does not have a lapse in coverage. 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 FIREMED, according to the FIREMED terms of agreement and as itemized on claim forms. My membership fee covers any applicable deductible, coinsurance, or co-payment amount and I expect the usual and customary ambulance reimbursement on my behalf be sent directly to FIREMED.

**Disclaimer:** FIREMED 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 FIREMED. Membership is 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.