



East Texas Medical Center
Regional Healthcare System

P.O. Box 387
Tyler, TX 75710-9905

Ambulance Membership Renewal

Your ETMC EMS Ambulance Membership will expire Sept. 30, 2011. 1-800-642-5646

Please renew your membership at this time by correcting or completing this form and returning it in the enclosed postage-paid envelope. Please include a check or money order payable to East Texas Medical Center EMS.

With Insurance: Renew by Aug. 31 for only \$50. After Aug. 31, \$60.

Without Insurance: \$68. Membership year is Oct. 1 through Sept. 30.

FOR OFFICE USE ONLY		
DATE REC.	CHECK #	AMOUNT

Head of Household <input type="checkbox"/> M <input type="checkbox"/> F		Spouse <input type="checkbox"/> M <input type="checkbox"/> F	
		LAST NAME	
		FIRST NAME & MIDDLE INITIAL	
		DATE OF BIRTH	
		COUNTY	SOCIAL SECURITY NUMBER
PHONE NUMBER	DATE OF BIRTH	MEDICARE NUMBER	
SOCIAL SECURITY NUMBER	MEDICARE NUMBER		

Household Member Information *(If additional space is needed, please use separate sheet.)*

LAST NAME	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
LAST NAME	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH
LAST NAME	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE OF BIRTH

Health Insurance Information – Other Than Medicare *(If you don't have health insurance, skip to Payment section.)*

INSURANCE COMPANY	POLICY OR ID NUMBER	GROUP NUMBER
INSURANCE COMPANY ADDRESS		IS FAMILY COVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
		IS SPOUSE COVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP CODE		

No Insurance Coverage

Payment Information *(IMPORTANT: Must be signed to be valid.)*

TO BE ELIGIBLE FOR MEMBERSHIP, YOU MUST LIVE IN THE ETMC EMS SERVICE AREA.

Personal Check or Money Order – With Insurance: \$50 by Aug. 31, \$60 after Aug. 31. Without Insurance: \$68. Payable to **East Texas Medical Center EMS.**

VISA MasterCard American Express Discover

Name on Credit Card _____ Card No. _____ Exp. Date _____

Please continue/begin (circle one) to bill my EMS membership \$5 on the following water/billing system (This option is available only to those with health insurance):
Athens, Alto, Alto Rural Water, Arp, Beckville, Bullard, Carthage, Craft Turney, Crockett, East Mountain, Gary, Gladewater, Hideaway Lake, Kemp, Mabank, RPM Water Supply, Rusk, Rusk Rural Water, Troup, Tyler, Warren City, Waxahachie, Wells and Van.

NO PAYMENT ENCLOSED. I currently reside within the city of Mineola or Franklin County.

Member's Signature (required for membership) _____

I acknowledge that I am responsible for payment for the ambulances services provided for me.

Please sign after reading contract terms on reverse side.

Medicaid: Yes No
Medicaid recipients ARE NOT ELIGIBLE for membership.

ETMC EMS Membership Contract Terms

ETMC EMS invites you to become a member in our ambulance service subscription program that provides peace of mind by protecting you from unexpected ambulance costs. ETMC EMS membership provides for the prepayment of copayments and deductibles for all medically necessary ambulance services for which the patient has financial responsibility. ETMC EMS membership also provides for a reduced fee for non-emergency transports that are not covered by insurance. ETMC EMS membership is not an insurance policy or supplement.

Coverage includes your family

One ETMC EMS membership can include the applicant and immediate family members living at the same address (coverage includes spouse and unmarried and financially dependent children up to 21 years of age – 25 if a college student). A spouse who is being cared for in a nursing home can be covered under the applicant's membership.

Low-cost membership fee structure

APPLICANTS WITH HEALTH INSURANCE:

Renewal membership: **\$50**

New membership: **\$60**

(Renewal memberships are those with an ETMC EMS membership in 2011.)

NEW AND RENEWAL APPLICANTS WITHOUT HEALTH INSURANCE:

Annual membership: **\$68**

Membership services – important features

ETMC EMS membership benefits are applied to emergency transports and non-emergency ground ambulance transports to hospitals in the ETMC EMS service areas. Patient preference usually determines the hospital to which the patient is transported. However, in cases of life endangerment, the closest appropriate hospital will be used. Emergency transports are fully covered for members with health insurance. If no insurance or other third-party insurance is available, the ETMC EMS member is covered for 40 percent of the ETMC EMS standard emergency fee and is therefore responsible for payment of 60 percent of the total charges.

An "emergency" is an unforeseen medical condition which requires urgent and unscheduled medical attention.

Non-emergency transports are fully covered if insurance or other third-party coverage provides benefits for the transport (even if subject to deductible, copay or coinsurance). If no insurance or other third-party coverage is available, or insurance is denied by the insurance company or other third-party payor, the ETMC

EMS member is covered for 40 percent of the ETMC EMS standard emergency fee and is therefore responsible for payment of 60 percent of the total charges.

A "non-emergency" is a medical transfer in which the patient is being transported for an ongoing medical problem for which he/she has an appointment to be seen at the hospital or requires transport back to his/her home or nursing residence following hospitalization for an acute medical problem.

Excluded Services: ETMC EMS membership provides no coverage for non-emergency transports for which a certificate of medical necessity has not been completed by the patient's physician (forms available from ETMC EMS). The following destinations are not included in coverage under the ETMC EMS membership program: doctors' offices, dentists' offices, physical therapy centers and pharmacies. Also not included are transports to destinations which are not in the ETMC EMS service area. The patient will receive a full bill for excluded services.

Agreement

In consideration and payment of the membership fee: I hereby assign to ETMC EMS all ambulance benefits that I (or any covered family member) may otherwise be entitled to receive from any insurance or other third-party payor for services provided under my ETMC EMS membership, now or in the future. ETMC EMS will accept this assignment as payment in full for emergency ground transports and for non-emergency ground transports if insurance or other third-party payor coverage provides benefits for the transport. I understand the ETMC EMS will file my ambulance insurance claims for each covered person and is entitled to receive payment from all insurance or other third-party payors up to the amount of the usual charges of ETMC EMS. If no insurance or other third-party benefits are available, or services are denied by the insurance company or other third-party payor for the non-emergency services of ETMC EMS, I understand that I will remain responsible for payment of the reduced fee of 60 percent of the standard non-emergency fees of ETMC EMS. Any insurance or other third-party payment that I receive related to ETMC EMS services provided under my ambulance membership shall immediately be delivered to ETMC EMS.

For additional information on ETMC EMS membership:

Call 1-800-642-JOIN (5646)



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