

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 the Sweet Home Fire & Ambulance District (hereinafter referred to as SHFAD). FireMed is not insurance. It is an addition to any medical benefits members may already have. The SHFAD will bill insurance or other coverage for ambulance services that members may have and the SHFAD 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 provided by the SHFAD within the SHFAD ambulance service area. * Non-emergency ambulance services are covered only to approved destinations, when medically necessary, and within the proper prior authorization and documentation.

SPECIFICALLY NOT COVERED: Non-emergency/non-medically necessary transportation where means other than ambulance should be used, including private vehicle, taxi, or wheelchair and stretcher van services. Other examples of such uncovered services may include transportation to and from doctor's offices or clinics, transportation provided from the nursing home for treatment normally provided in the nursing home, transportation back home from a medical facility when patient condition does not warrant an ambulance or transport from hospital to hospital for care by a patient's primary physician.

DEFINITION OF EMERGENCY MEDICAL NECESSITY:

Any patient who needs oxygen, IV fluids, cardiac monitoring, and/or continuous medical observation and evaluation due to acute onset of illness or injury requiring ambulance transport.

MEMBERSHIP BENEFITS OUTSIDE OF LOCAL SERVICE

AREA: Other participating reciprocal agencies may extend member benefits to areas outside the SHFAD 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 SHFAD 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 SHFAD business office and on our website (sweethomefire.org). The SHFAD is not responsible for the type, level, or quality of services provided by a participating agency nor are the SHFAD financially 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 SHFAD all rights and benefits for ambulance services from all insurance policies, plan, 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 ambulance services were provided by the SHFAD. Should any person covered under this membership receive any payment for ambulance services rendered by the SHFAD, they will

immediately forward such payment to the SHFAD. Members authorize the release of medical and other information by or to the SHFAD 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 effort to bill and collect such ambulance reimbursements, including the completion and submission of documents or claim forms.

MEMBER ELIGIBILITY: Residents of the SHFAD's respective ambulance service area are eligible to join by properly completing an enrollment application available from the SHAFD 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 SHFAD ambulance service area, living together as part of a family unit, including domestic partners, but not to include mere roomers or boarders. Membership benefits include household members living in substitute care (e.g. nursing homes) in the SHFAD ambulance service area. Others not included in this definition are required to obtain their own separate membership. The first person listed on the application from 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.

DURATION: Membership coverage during May and June begins upon acceptance of a properly completed application form with payment and extends to June 30 of the following year. Enrollment after June 30th requires a 7 day waiting period for activation of membership.

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 SHFAD, 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 SHFAD.

DISCLAIMER: The SHFAD reserve 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 SHFAD. 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. A copy of the Notice of Privacy Practices is available online (sweethomefire.org) and at the SHFAD office located at 1099 Long Street, Sweet Home, Oregon.

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