



APPLICATION FOR FIREMED MEMBERSHIP

ANNUAL MEMBERSHIP BEGINS NOVEMBER 1ST EACH YEAR
MEMBERSHIP EXPIRES OCTOBER 31ST EACH YEAR

Please complete this form and return along with your membership fee to:

PO Box 3510, Silverdale, WA 98383

Annual Membership Fee:

\$75

1. Please check the fire district you reside in:

Sheridan Fire District

West Valley Fire District

2. Primary Member Contact Information

Name: _____ Telephone: _____ Email: _____

3. Member Information (PLEASE PRINT)

Last Name	First Name	M.I.	Date of Birth	Relationship
				Primary Member

Please refer to the terms of agreement on the back of this form for a complete explanation of eligible household members.

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

4. Household Information

Street Address: _____ Apt: _____ Phone: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different) _____

City: _____ State _____ Zip: _____

5. Payment (Submission of this application MUST accompany payment. Your canceled check or bank/credit card statement is your receipt.)

Enclosed is my check, payable to the fire district I reside in.

Please bill my credit card Visa MasterCard Discover AMEX

Credit card number

CVC #

Exp. date (MM/YY)

6. Signature

Primary Member Signature*

Date

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

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 Sheridan and West Valley Fire Districts (hereinafter referred to as SFD/WVFD). **FireMed is not insurance.** It is in addition to any medical Benefits members may have. SFD/WVFD **will bill insurance or other coverage for ambulance services that members may have. SFD/WVFD is entitled to all benefits paid for ambulance services provided, up to the total dollar amount of services incurred.**

Coverage Includes: Transport to the nearest appropriate hospital. Physician ordered transfers from one hospital to another that require basic or advanced life support care from our personnel are also covered. Medical Transportation is based on medical necessity, not on membership status, and that patients will be transported to the closest medically appropriate facility. **Non-emergency ambulance services and treat & release are not covered.**

Coverage DOES NOT Include: Non-emergency transfers to or from doctor's offices or clinics. Any transfers that do not require Emergency Medical Technicians to provide medical care for the patient or when the patient can be transported by a non-medical transport agency, i.e. wheelchair van, taxi, or private vehicle. The nearest appropriate hospital is bypassed due to physician or patient preference; i.e. McMinnville hospital is bypassed for a Portland hospital when the McMinnville hospital can provide for the patient's medical needs. Any services that do not require the Emergency Medical Technician to provide medical care for the patient or when request for a specific task has been made; i.e. placing the patient in a private vehicle.

Membership Benefits Outside of Local Service Area: Other participating reciprocal agencies may extend member benefits to areas outside of SFD/WVFD 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 SFD/WVFD 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 SFD/WVFD office or the website (www.firemed.org). SFD/WVFD is not responsible for the type, level, or quality of services provided by a participating agency nor is SFD/WVFD financially responsible for any costs or charges incurred by a member from any other ambulance provider. SFD/WVFD is not 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 SFD/WVFD 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 ambulance services were provided by SFD/WVFD. Should any person covered under the membership receive any payment for

ambulance services rendered by SFD/WVFD, they will immediately forward such payment to SFD/WVFD. Members authorize the release of medical and other information by SFD/WVFD 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 Includes:** Residents of SFD/WVFD respective ambulance service areas are eligible to join properly completing an application available from SFD/WVFD and by paying the annual membership fee. FireMed household membership includes all persons who are living with the Primary member, as a family unit (member, spouse, unmarried children under the age of 21 and other persons listed as legal dependents for income tax purposes are covered) in the same single-family occupancy, non-commercial residence within the SFD or WVFD ambulance service area. "Family Unit" means persons related by blood, marriage or domestic partnership, as defined in ORS 106.301, and includes household members living in substitute care (e.g. a nursing home) in the service area. The first person listed on the application for 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 SFD/WVFD of the addition. Only those persons who meet the membership eligibility requirements **AND** are listed in the membership record at the time services are provided are eligible for benefits.

Duration: New membership coverage takes effect upon acceptance of a properly completed application with payment, plus 2 days if outside open enrollment (Sept-Oct).

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 SFD/WVFD. I assign and authorize payment of benefits for ambulance services directly to SFD/WVFD, according to 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 to SFD/WVFD.

Disclaimer: SFD/WVFD 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 SFD/WVFD. Membership is non-transferable and non-refundable. Persons who receive welfare, Medicaid, Office of Medical Assistance Programs, or Oregon Health Plan medical benefits need not be members in order to have full coverage for services covered by these programs. Any such membership constitutes a voluntary contribution only. Violations of the terms of agreement may result in membership revocation, and forfeiture of benefits associated with membership and an obligation to pay the balances in full.