

APPLICATION FORM

HEAD OF HOUSEHOLD

Name _____

Address _____

City, State, Zip _____

Day Phone (_____) _____

Date of Birth _____

Social Security # _____

SPOUSE/DOMESTIC PARTNER

Name _____

Date of Birth _____

Social Security # _____

OTHER HOUSEHOLD MEMBERS

Name _____

Date of Birth _____ Relation _____

Name _____

Date of Birth _____ Relation _____

MEMBERSHIP PAYMENT ENCLOSED. PLEASE DO NOT SEND CASH.

____ Check enclosed ____ Visa ____ MasterCard

____ Discover ____ American Express

Credit Card # _____

Exp. Date _____

Name on Card _____

Date _____

FILL OUT, TEAR OFF, AND RETURN WITH YOUR PAYMENT TO:

GOLDER RANCH FIRE DISTRICT
3885 EAST GOLDER RANCH DRIVE
TUCSON, ARIZONA 85739

PROUDLY SERVING
THE COMMUNITIES OF
ORO VALLEY, CATALINA,
AND SADDLEBROOKE



GOLDER RANCH FIRE DISTRICT
3885 EAST GOLDER RANCH DRIVE
TUCSON, ARIZONA 85739
OFFICE: (520) 825-9001
WWW.GRFD.AZ.GOV

APPLY ONLINE AT: WWW.GRMHS.ORG

AMBULANCE SERVICE
MEMBERSHIP PLAN

FOR JUST \$75 A YEAR
CERTAIN RESTRICTIONS APPLY

REST EASIER
AND ENJOY LIFE WITH PEACE OF MIND
THAT IS **AFFORDABLE**

GOLDER RANCH EMS MEMBERSHIP



Golder Ranch Fire District EMS Membership is a way to protect you and your loved ones from the unexpected cost of emergency ambulance transport. The current Arizona Department of Health Services regulated cost of an emergency ambulance transport in Golder Ranch Fire District is well over \$1,000.00. Depending on your insurance plan the cost of ambulance transportation may not be covered fully. When this occurs (or if you are uninsured) you will be responsible for the remainder of the fees from the ambulance transport. Golder Ranch Fire District has implemented an EMS Membership Program that has been approved by the Arizona Department of Health Services, that offers you protection from those fees. It will cover you and any other household members for ambulance transportation to the hospital for just \$75.00 per household per year.

This means that Golder Ranch EMS Membership could more than pay for itself in one trip alone. The plan is available to all residents of Golder Ranch Fire District and the family members who live in the resident's household.

Golder Ranch EMS Membership will cover ambulance transport from anywhere within Golder Ranch Fire District and covers transport to the nearest appropriate hospital, not the hospital of choice. If an ambulance responds but the patient is not transported, there will be no charge.

CALL 911 IF YOU HAVE AN EMERGENCY AND NEED AN AMBULANCE

Remember always call 911 in an emergency, regardless of your billing concerns. Our first priority is your health and safety, not cost recovery. Emergency Medical Services will be provided to all citizens, regardless of their financial circumstances. Each ambulance is equipped with sophisticated life-saving technology that is critical during an emergency, and every ambulance has a paramedic on duty that is trained in Advanced Life Support (ALS).

Simply complete the enclosed application and enrollment contract form and return it to the address below. Only those household members listed on the form will be covered under the plan. Return the form to us with a check, money order or authorization to charge your Visa or MasterCard account for \$75.00. As soon as we receive your signed application and payment, you will be automatically enrolled in Golder Ranch EMS Membership. Coverage will begin from the date your signed contract and payment is received and continue for 12 full months.



Annual Membership Terms

The following are the terms of the Golder Ranch EMS Membership plan (The Plan):

The Plan is available to all residents of Golder Ranch Fire District (The District) and the family members who live in the resident's household (provided that they are enrolled in the plan at the time of application) and to individuals with a regular place of work within the boundaries of The District. The Plan covers only **MEDICALLY NECESSARY*** ambulance transports provided by The District to a hospital. Transports from the hospital to another location are not included in The Plan.

*Medicare guidelines determine medical necessity. A Physician Certification Statement (PCS) documenting the **MEDICAL CONDITION** that makes ambulance transportation a **MEDICAL** necessity is required for all non-emergency trips and may be required on emergency trips that are denied by Medicare or other third party agencies. Pre-authorization must be secured prior to non-emergency transports for those patients whose insurance requires such authorization. The Plan covers only that portion of the cost of transport not covered by a patient's health insurance or other available sources of payment. As a courtesy to The Plan member, The District will submit a claim for payment to the member's insurance for each ambulance transport.

Plan members agree to assist The District in collecting payments from insurance providers, including but not limited to promptly providing necessary information and signatures for submission of claims to insurance providers and taking other steps necessary or reasonably required to facilitate payment to The District. If the Plan member receives a payment for the ambulance transport directly from their insurance provider, the member will immediately forward such payment to The District. Failure to remit payment to The District within five days of receipt will result in the Member being responsible for the full cost of the transport pursuant to The District's fee schedule in effect at the time of the Member's ambulance transport.

The Plan membership will be effective for twelve full months upon receipt of full payment together with a signed membership agreement. The Membership fee is non-refundable and non-transferable. The undersigned member requests that payment of authorized benefits be made on my behalf to:

Golder Ranch Fire District | 3885 E. Golder Ranch Dr. | Tucson, AZ 85739
direct 520-825-5902 | fax 520-825-5985

The undersigned member authorizes any holder of medical information or documentation about the member to release any information or documentation needed to determine these benefits or benefits payable for related services provided by The District now or in the future.

NOTICE: In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check on your bank account for the collection of the amount of the check plus any applicable fees as permitted by law. **THE USE OF A CHECK FOR PAYMENT IS YOUR ACCEPTANCE OF THIS AGREEMENT.**

By signing this form and paying my membership fee I agree to the terms and conditions listed.

Golder Ranch EMS Membership is a pre-paid service program offered by Golder Ranch Fire District. At no time will you be denied emergency medical services or transport based on insurance status or ability to pay.

HEAD OF HOUSEHOLD

Signature: _____ Date: _____

SPOUSE/DOMESTIC PARTNER

Signature: _____ Date: _____

RESIDENTIAL ADDRESS

