



Membership # \_\_\_\_\_

## Rogue River FireMed Membership Application

\$50.00 per Household

### Household Information – Please print

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
(if different)

Phone Number \_\_\_\_\_

### Member Eligibility:

FireMed membership includes all persons who are permanent residents of the same single family occupancy, non-commercial residence within the Rogue River ambulance service area, living together as part of a family unit, but not to include roomers or boarders. Membership is also extended to include household members living in substitute care (e.g. nursing homes).

### List Full Name and Date of Birth (DOB) of all eligible members:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

**I (We) have read the Rogue River FIREMED agreement on the reverse side and agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ambulance service directly to Rogue River FIREMED.**

X \_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date

ROGUE RIVER FIRE DISTRICT  
5474 North River Road  
PO Box 1170  
Rogue River, OR 97537  
541-582-4411  
www.rogueriverfd.com

# ROGUE RIVER FIREMED AGREEMENT

Read this agreement carefully and sign the reverse side for validation of your membership. Hereafter, Rogue River FIREMED means the Rogue River Fire District, and this agreement is between the Rogue River Fire District and the Rogue River FIREMED member. Payment in full must accompany this application for a Rogue River FIREMED membership to be in effect.

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I hereby apply to Rogue River FIREMED for membership for myself and listed eligible household members. I understand the membership fee provides **MEDICALLY NECESSARY\*\*** ambulance transportation. There is a member discount of 50% for all treat and non-transport services. Membership is effective for one year from date of acceptance by Rogue River Fire District. I understand that Rogue River FIREMED is not insurance, but provides prepaid coverage in excess of any health insurance of medical benefits I may have. I authorize Rogue River FIREMED to bill directly for ambulance service to any such insurance. I agree to assign to Rogue River FIREMED any claim I may have for medical insurance for the purpose of ambulance insurance billing only, including reciprocal FIREMED agencies. Should I or a household member receive payment from insurance or any other medical benefit provider for ambulance service provided by Rogue River FIREMED, I will immediately forward such payment directly to Rogue River FIREMED. Failure to do so may be grounds for cancellation of Rogue River FIREMED agreement. This membership is non-refundable and non-transferable. Rogue River FIREMED membership is not solicited from persons who receive medical welfare benefits. Such memberships constitute a voluntary contribution only.

## TO THE INSURANCE CARRIER

I authorize a copy of this Agreement to be used in lieu of the original on file by Rogue River FIREMED. I authorize payment of insurance benefits for ambulance service for myself and covered family members directly to Rogue River FIREMED ambulance service according to the Rogue River FIREMED agreement and as itemized on submitted claims.

## DEFINITION OF HOUSEHOLD

A Rogue River FIREMED membership covers the household. The household membership includes all persons who are permanent residents of a same single-family occupancy, non-commercial residence, within the FireMed ambulance service area, living together as dependants of a family unit, including domestic partners, but not to include roomers or boarders. Membership benefits include dependant household members living in substitute care (e.g. nursing homes). Others not included in this definition are required to obtain their own separate membership. The first person listed on the application form 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.

## SERVICES PROVIDED AND SERVICE AREA BOUNDARIES

Rogue River FIREMED membership provides ambulance transportation and specified **MEDICALLY NECESSARY\*\*** PHYSICIAN AUTHORIZED non-emergency ambulance transportation. All services must originate or terminate within the boundaries of Rogue River FIREMED Ambulance Service Areas. Emergency transportation will be to the nearest medically approved hospital as determined by Medical Control physicians.

Specifically **NOT COVERED** is non-medically necessary transportation where means other than ambulance should be used, including private vehicle, taxi, or wheelchair and stretcher van services. Examples of such uncovered services may include transportation to and from doctor offices of clinics, transportation from nursing homes for treatment normally provided in nursing home, or transport back home from a medical facility when patient condition does not warrant an ambulance.

### \*\*DEFINITION OF MEDICAL NECESSITY

- 1) Any patient who needs oxygen, IV fluids, cardiac monitoring, and/or continuous medical observation and evaluation.
- 2) Any patient who physically can't be transported by private vehicle when alternative transportation (i.e., taxi-cab, private vehicle) can't be secured (Physician authorized).

## MEMBERSHIP BENEFITS OUTSIDE ROGUE RIVER FIREMED SERVICE AREA

Member benefits are extended to areas outside the Rogue River FIREMED service area, but within the State of Oregon. These benefits are limited to the terms of agreement in effect by each FIREMED participating agency at the time benefits are used. Members who receive ambulance service from any other FIREMED participating agency are eligible for benefits offered by that agency provided that: 1) a copy of the ambulance bill is submitted to Rogue River FIREMED within 30 days of receipt of bill, 2) the member hereby agrees to the terms of the participating agency's agreement. A current list of FIREMED participating agencies is on file in the FIREMED business office.

## DISCLAIMER

Rogue River 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 Rogue River FireMed. Membership is non-transferable and non-refundable. Persons who receive Medicaid, Department of Medical Assistance Programs, 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.