



# Rogue River FireMed Membership Application

Select one:

Basic FireMed Ground Ambulance..... \$55

FireMed + Mercy Flights .....  \$101

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).

[\(For Mercy Flights eligibility requirements see reverse side\).](#)

### List Full Name and Date of Birth 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 and /or FIREMED PLUS MERCY FLIGHTS agreement(s) 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 and/or Mercy Flights.

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

\_\_\_\_\_  
Date

Please mail application and payment to:

**ROGUE RIVER FIREMED**  
PO Box 1170  
Rogue River, OR 97537  
541-582-4411

# 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 Rogue River Fire District. FireMed is not insurance. FireMed will bill all insurance or other coverage that members may have for ambulance service costs. FireMed is entitled to all benefits paid by insurance 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 ground ambulance transportation to any local area hospital. "Medically necessary ground ambulance transportation" means the patient must be transported to a hospital for medically necessary services, and transportation in any other vehicle could endanger their health. Coverage includes non-transport aid calls except in instances of abuse.

**BASIC FIREMED MEMBERSHIP BENEFITS OUTSIDE OF LOCAL SERVICE AREA:** Other participating reciprocal agencies may extend member benefits to areas outside our 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. The member agrees to abide by the participating agency's terms of agreement. A current list of participating agencies is on file in our business office and on our website ([www.rogueriverfd.com](http://www.rogueriverfd.com)). FireMed is not responsible for the type, level, or quality of services provided by a participating agency nor is FireMed financially responsible for any costs or charges incurred by a member from any other ambulance provider. FireMed 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 FireMed all rights and reimbursements 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 FireMed. Should any person covered under this membership receive any payment for ambulance services rendered by FireMed, they will immediately forward such payment to FireMed. Members authorize the release of medical and other information by or to FireMed 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 ELIGIBILITY:** Residents of the Rogue River Fire District FireMed ambulance service area are eligible to join by properly completing an enrollment application available from FireMed 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 FireMed ambulance service area, living together as 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.

**DURATION:** Membership coverage begins upon acceptance of a properly completed application form with payment and extends for a one year period.

**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 FireMed, 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 and I expect the usual and customary ambulance reimbursement on my behalf to be sent directly to FireMed.

**DISCLAIMER:** 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 FireMed. Membership is non-transferable and non-refundable. Persons who receive Medicaid, Department of Medical Assistance Programs, Oregon Health Plan or other government medical assistance 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.

**FIREMED PLUS MERCY FLIGHTS INC. AIR AMBULANCE OPTION:** Mercy Flights services include ground ambulance within the Mercy Flights Jackson County assigned service area, Fixed Wing Air Ambulance within 1000 air miles and Helicopter Ambulance within 150 air miles of Medford, OR, in the continental United States. I understand that Mercy Flights is not an insurance plan, and will bill whatever insurance or medical benefits I may have and/or be entitled to for services rendered by Mercy Flights. I also understand that Mercy Flights membership fees are non-refundable and there is a 30-day waiting period for new member benefits to take effect. I understand that my membership covers my co-pay portion, in full, for Mercy Flights services. I will be responsible for the 50% of the bill if the entire charge for Mercy Flights service is applied to my deductible, denied, disallowed, or non-medically necessary transports, as determined by my insurance company or other third party payer. If I do not have insurance, I will be responsible for 50% of the bill. Should I or a covered family member receive payment from insurance or other medical benefits for ambulance services rendered by Mercy Flights, I will immediately forward such payment to Mercy Flights. The Mercy Flights membership is not solicited from persons who receive Medicaid medical benefits and such membership constitutes a voluntary contribution only. I understand that violation of such terms of this agreement or substantiated abuse of ambulance services may result in cancellation.

**MERCY FLIGHTS ELIGIBILITY (Different than FireMed):** Eligible household members consist of the **head of household, spouse/significant other/life partner, unmarried children under 26 years of age, disabled children of any age, elderly parents living at the same physical location, disabled children or spouse living in a care facility.** Head of house has 90 days to notify Mercy Flights of additions/deletions of members on the account. Members must be listed on account at time of service.

**NOTICE TO MERCY FLIGHTS MEMBERS:** Annual membership fees are non-refundable. There is a 30 day waiting period for benefits to take effect for a new membership. This membership plan is not an insurance program. Membership benefits are for services provided by Mercy Flights Inc. only. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. Other ambulance company transports may occur if Mercy Flights is unable to perform within a medically appropriate timeframe. This may occur but is not limited to a mechanical or maintenance problem, weather conditions or being on another call. This may also occur if the emergency location is outside of Mercy Flights' assigned service area. If the other transporting ambulance company has a signed reciprocity agreement with Mercy Flights, that agency's membership benefits will be applicable to the transport.

**For further information on FireMed Basic and FireMed Plus, please call us at 541-582-4411 or see our website, [www.rogueriverfd.com](http://www.rogueriverfd.com).**