



**For a Safer
Healthier Community**



P.O. Box 1563
Benton Harbor, MI 49023
Phone (269) 925-2144
www.medic1ambulance.org

Medic 1 Ambulance
P.O. Box 1563
Benton Harbor, MI 49023-1563

**PROTECT YOUR FAMILY
FROM THE
RISING COSTS OF
AMBULANCE
TRANSPORTATION.**

FOR ONLY

\$38.00 Per year

Join  **Now**

Online at:

www.medic1ambulance.org

Call:

269-925-2144

For a Membership Application.

Or mail the attached form to:

Medic 1 Ambulance
P.O. Box 1563
Benton Harbor, MI 49023-1563



Medic 1 is your local non-profit ambulance service. Medic 1 covers 20 cities and townships within Berrien and Van Buren Counties.

Our Advantage Membership includes:

- Advanced cardiac life support & trauma care in state-of-the-art ambulances
- \$38.00 a year protects your entire family residing in the household. Advantage plan members with insurance are never charged for medically necessary ambulance transports to or from the hospital. This is important because insurance companies rarely pay the total cost.
- We bill all insurances direct for you. If an insurance check comes to you simply forward it to us.
- If you don't have insurance, membership saves you 20% on out-of-pocket costs for ambulance service that falls within the program guidelines.
- Your membership becomes effective 3 days after receipt of payment and signed membership agreement
- Accreditation by *The Commission on Accreditation of Ambulance Services*.

I understand that I am responsible for payment of ambulance services. The annual \$38 membership fee for Advantage limits my out-of-pocket cost related to ambulance transports covered by insurance for medically necessary ground ambulance transportation provided by Medic 1 Ambulance.

EFFECTIVE DATES:

I understand that my membership is effective upon receipt of full payment and signed membership contract, and coverage is through last day of February of the year following my sign-up.

IF I HAVE INSURANCE, WHO RECEIVES CLAIM PAYMENTS:

I understand that Advantage is not insurance and that Advantage will bill for payments from my insurer or third party agency, (e.g. Medicare, BCBS, etc.) including any supplemental or complementary insurance. If the insurance company sends me a check for services rendered by Medic 1 Ambulance I agree to promptly forward that check to Medic 1 Ambulance. I hereby authorize payment directly to Medic 1 Ambulance for ambulance services otherwise payable to me. I authorize any holder of medical or other information about me, to release to the Centers for Medicare and Medicaid Services (CMS), its agents, other insurance carriers, or Medic 1 Ambulance, any information needed to determine these benefits in the past, now or in the future.

WHAT IS MEDICALLY NECESSARY:

I understand that Advantage Membership Services are restricted to "medically necessary ambulance service", defined as the specific need for ambulance service transportation to and from a hospital within the Medic 1 Ambulance service area in Berrien and Van Buren counties (specific coverage area description available from the Medic 1 Ambulance business office), where use of alternate forms of transportation (wheelchair van, private care, taxi) would be medically inappropriate given the patient's condition. Medic 1 Ambulance may require physician certification of the medical necessity of ambulance transport. I understand this membership can be terminated by Medic 1 Ambulance if it has evidence of abuse of this program. Ambulance transport to such places as a physician's office is not covered.

IF SERVICES ARE NEEDED OUTSIDE THE MEDIC 1 AMBULANCE SERVICE AREA:

I understand that if long-distance, non-emergency ambulance services are required outside the Medic 1 Ambulance service area, additional fees may be charged to me by Medic 1 Ambulance.

ADDITIONAL SERVICES:

Wheelchair/Mobility Transportation and other services are available at special "member only" discounted rates. Please contact the business office for details.

WHO IN MY HOME IS COVERED BY THIS PROGRAM:

The Advantage program covers those residing in your household. A "household" is defined as husband and wife, or single parent, their children under the age of 21 years living at the same address, or a single individual household. I UNDERSTAND THAT I MUST USE THE SERVICES OF MEDIC 1 AMBULANCE IN ORDER TO BE ELIGIBLE FOR MEMBERSHIP BENEFITS.

TERM OF THE MEMBERSHIP AGREEMENT:

I understand that my initial membership payment covers the time period starting three days after Medic 1 Ambulance receives my signed contract and my full payment, and continues until February 28 of the year following my sign-up. This agreement automatically renews after the first term for successive twelve month terms when I make payment of the membership fee for that period, unless I provide written notice of termination to Medic 1 Ambulance at least thirty (30) days prior to the end of the first term or any renewal term. Membership fees are not refundable, even if I attempt to terminate during a term.

Signature _____ Date _____ Spouse's Signature _____ Date _____

PLEASE PRINT

Name _____ Date of Birth _____ Social Security _____ - ____ - ____

Address _____ Apt/Lot# _____ Phone _____

City _____ State _____ Zip Code _____ E-Mail _____

List full name of each LEGAL DEPENDENT, Birth Date, and relationship to you who lives at the above address and will be included on this membership

NAME	DATE OF BIRTH	REALTIONSHIP	SOCIAL SECURITY NUMBER
_____	_____	_____	_____ - ____ - ____
_____	_____	_____	_____ - ____ - ____
_____	_____	_____	_____ - ____ - ____

Spouse's _____ - ____ - ____

Your Primary Insurance _____ Policy/Contract# _____ Group# _____

Your Secondary Insurance _____ Policy/Contract# _____ Group# _____

Spouse's Primary Insurance _____ Policy/Contract# _____ Group# _____

Spouse's Secondary Insurance _____ Policy/Contract# _____ Group# _____

For Federal income tax purposes, the membership fee is not deductible as a charitable contribution, but may be eligible for deduction as an itemized medical expense.

METHOD OF PAYMENT

My Check or money order for \$38.00 made payable to Medic 1 Ambulance is enclosed

Please charge my credit card for the \$38.00 annual fee

VISA MasterCard

Donation to Medic 1 Amount \$ _____

Total Investment \$ _____

Card Number _____

Expiration Date _____

**Your charitable donations are
TAX DEDUCTIBLE**



With the Medic 1 Ambulance Advantage Membership Program you can feel safe knowing your family is protected from out-of-pocket ambulance costs.

Hopefully you'll never need to use our services, but if you do, our skilled paramedics are always on standby 24/7 ready to rush to Advantage member's aid at a moments notice.