

Application for Ambulance Plus

Mercy

Ambulance Service, Inc.

*When minutes matter...
make it Mercy!*

504 S. Michigan Ave.
Hastings, MI 49058
(269) 948-3681

Membership Fee is \$45.00

Payment Method:

Check enclosed (Please make payable to Mercy Ambulance)

Check #: _____

Cash: _____

For Office Use Only

Membership #

Date Received:

HEAD OF HOUSEHOLD & MAILING ADDRESS

(Please print)

Date of Birth: _____

Phone #: _____

Social Security _____

Street Address (if different than above) _____

City _____ State _____ Zip _____

List below all eligible family members to be covered by Ambulance Plus. Eligible family members consist of dependents that you claim as a federal tax deduction or dependents living in nursing or adult foster care homes. Please list full name including any last name that is different from the above member's name.

Name: _____ DOB: _____ SS#: _____ Relationship: _____

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ALL MEMBERS OVER 18 MUST SIGN BELOW

I (WE) HAVE READ THE MERCY AMBULANCE PLUS 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 MERCY AMBULANCE. MY SIGNATURE ON THIS AMBULANCE PLUS APPLICATION AUTHORIZES MERCY AMBULANCE TO SUBMIT ANY CLAIMS OR BILL TO ANY HEALTH INSURANCE PLAN OF WHICH I AM A MEMBER. I HAVE RECEIVED A COPY OF THE MERCY AMBULANCES NOTICE OF PRIVACY PRACTICES.

X _____ Member's Signature X _____ Member's Signature

X _____ Member's Signature X _____ Member's Signature

X _____ Member's Signature X _____ Member's Signature

\$45 PAYMENT MUST ACCOMPANY THIS APPLICATION

MERCY AMBULANCE "AMBULANCE PLUS" AGREEMENT

Read this agreement carefully. This agreement is between MERCY AMBULANCE and the AMBULANCE PLUS member. Payment in full must accompany this application in order for a AMBULANCE PLUS membership to be in effect.

I hereby apply to AMBULANCE PLUS for membership for myself and listed eligible family members*. I understand the membership fee provides **EMERGENCY MEDICALLY NECESSARY**** pre-hospital care and ambulance transportation. Coverage is immediate during the open enrollment period of May 1st through June 30th, and begins after receipt of the application and accompanying payment to MERCY AMBULANCE. Coverage extends through May 31th of the following year. I understand that AMBULANCE PLUS is not insurance, but provides prepaid coverage in excess of any health insurance or medical benefits I may have. I authorize AMBULANCE PLUS to bill directly for ambulance service to any such insurance and I agree to assign to AMBULANCE PLUS any claim I may have for medical insurance benefits as a result of any service provided by AMBULANCE PLUS while I am a member. I authorize the release of medical information for the purpose of ambulance insurance billing only, including reciprocal MERCY AMBULANCE agencies. Should I or a family member receive payment from insurance or any other medical benefit provider for ambulance service provided by MERCY AMBULANCE, I will immediately forward such payment to MERCY AMBULANCE. Failure to do so may be grounds for cancellation of the AMBULANCE PLUS agreement. This membership is non-refundable and non-transferable.

TO THE INSURANCE CARRIER

I authorize a copy of this agreement to be used in lieu of the original on file by MERCY AMBULANCE. I authorize and expect payment of usual and customary insurance benefits for ambulance service for myself or family members directly to MERCY AMBULANCE, according to the AMBULANCE PLUS agreement and as itemized on covered benefits.

* DEFINITION OF FAMILY

AN AMBULANCE PLUS membership covers the immediate family regularly living in the household of the member who meets the following criteria. The member, spouse, and persons listed as legal dependants for income tax purposes are covered. **OTHERS NOT COVERED IN THIS DEFINITION ARE REQUIRED TO OBTAIN SEPARATE MEMBERSHIPS.** A spouse or dependant living in a nursing home or residential care facility is covered if the care facility is within the MERCY AMBULANCE service area boundaries. New dependants during the term of the AMBULANCE PLUS membership are automatically covered.

SERVICES PROVIDED AND SERVICE AREA BOUNDARIES

An Ambulance Plus membership provides **EMERGENCY** pre-hospital medical care and ambulance transportation, and specified **MEDICALLY NECESSARY** PHYSICIAN AUTHORIZED** non-emergency transportation. All emergency service must originate within the boundaries of the Mercy Ambulance Service Areas.

EMERGENCY TRANSPORTATION WILL BE TO THE NEAREST MEDICALLY APPROPRIATE HOSPITAL AS DETERMINED BY MEDICAL CONTROL PHYSICIANS.

Non-emergency ambulance transportation from **hospital to hospital** or **Appropriate Nursing Home** is covered when **medically necessary and with prior authorization by a physician.** Such non-emergency transportation may be subject to extended delays due to emergency call volume.

IMPORTANT

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 as determined by MERCY AMBULANCE. Other examples of such uncovered services may include transportation to and from doctors offices or clinics, transportation from nursing homes for treatment normally provided in the nursing home, transport back home from a medical facility when patient condition does not warrant an ambulance or transport from hospital to hospital for care by a patients primary physician. Extra mileage charges for transport to a hospital other than the nearest medically appropriate hospital are specifically NOT COVERED.

IMPORTANT

If I feel I must use an ambulance for **NON-EMERGENCY SERVICES** that is not covered by Medicare or my other medical insurance or my AMBULANCE PLUS membership, I understand I will be billed for this service by the MERCY AMBULANCE and I am responsible for payment of the balance of the ambulance bill.

** DEFINITION OF MEDICAL NECESSITY

Any patient who needs oxygen, IV fluids, cardiac monitoring, and/or continuous medical observation and evaluation due to acute onset of illness or injury requiring ambulance transport with a documented physician certification.

MEMBER BENEFITS OUTSIDE MERCY AMBULANCE SERVICE AREA

Member benefits are extended to areas outside the MERCY AMBULANCE service area originating from Mercy's service areas. These benefits are limited to the terms of agreement in effect by each Mercy Ambulance participating agency at the time benefits are used and must meet medical necessity defined by your insurance coverages policy.