



Membership Application

455 Siskiyou Blvd., Ashland, OR 97520 541-488-6009 ashland.or.us/ambulancemembership

Membership will expire ONE year from processed application

Please complete and return this form along with your membership fee. Should you use emergency ambulance services during your membership coverage period, AF&R will bill your insurance, if any, and accept their partial payment as payment in full.

Choose your coverage:

AF&R Basic \$66 /year
Emergency Ground Ambulance Only

AF&R Plus \$122 /year
Emergency Ground + Air Ambulance with Mercy Flights

Household Information

Home Address

City

State

Zip Code

Mailing Address (if different from above)

City

State

Zip Code

Telephone

Please provide your email address to help us become more efficient with our resources.

Email Address

AF&R ambulance membership includes all persons who are primary residents of the same single-family occupancy, non-commercial residence within the city's ambulance service area, living together as a family unit, but not to include roomers or boarders. Membership is also extended to include household members living in substitute care.

Last Name

Primary Member:

Additional Household Members:

First Name

Middle Initial

Date of Birth (MM/DD/YYYY)

Submission of this application with payment constitutes acceptance of the AF&R Membership terms of agreement on the reverse side of this form.

Payment Information

Please return this entire form with payment.

Please bill my credit card.

Enclosed is my check, payable to **AF&R**.

Visa MasterCard

Credit card number

Expiration date (MM/YY)

OFFICE USE ONLY

TOTAL \$ _____

DATE _____

CC CA CK# _____

OTHER _____

Your check or credit card statement is your receipt. You will receive membership confirmation in the mail in 4-6 weeks.

AF&R Ambulance Membership Program Terms of Agreement

By Joining AF&R, members agree to abide by the Terms of Agreement below.

DEFINITION: AF&R is a voluntary ambulance membership program operated by the City of Ashland.

AF&R is not insurance. All coverage for services is in addition to any medical benefits members may have. AF&R will bill insurance or other coverage that members may have for ambulance service costs that members may have incurred. AF&R will accept the insurance payment as payment in full, thus removing the balance for the member. If the member does not have insurance, the bill will be reduced by 50% and the member will be responsible for the remaining 50% portion of the bill.

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 that the patient must be transported to a hospital for medically necessary services, and transportation in any other vehicle could endanger their health.

BASIC 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. AF&R is not responsible for the type, level, or quality of services provided by a participating agency nor is AF&R financially responsible for any costs or charges incurred by a member from any other ambulance provider. AF&R 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 AF&R 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 AF&R. Should any person covered under this membership receive any payment for ambulance services rendered by AF&R, they will immediately forward such payment to AF&R. Members authorize the release of medical and other information by or to AF&R 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 AF&R ambulance service area are eligible to join by properly completing an enrollment application available from AF&R and by paying the appropriate annual membership fee. AF&R household membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence, within the AF&R ambulance service area, living together as a family unit, including domestic partners, but not to include roomers or boarders. Membership benefits include dependent household members living in substitute care (e.g. nursing homes) in the AF&R ambulance service areas. 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 "Head of Household." Anyone who joins a household after the membership goes into effect can be included under the membership from the date the "Head of Household" notifies AF&R 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 one year from this date

TO THE MEMBER'S INSURANCE CARRIER (FOR MEMBERS WITH INSURANCE): As an AF&R member, I authorize a copy of this agreement to be used in place of the original on file at the AF&R office. I assign and authorize payment of benefits for ambulance services directly to AF&R, according to the AF&R 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 AF&R.

DISCLAIMER: AF&R 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 AF&R. 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.



Mercy Flights Membership Terms of Agreement

Definition: 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.

Member Benefits: Mercy Flights offers a membership program that allows for quality emergency care at little or no cost to our members. Two types of membership programs are offered, Individual and Group. Members enrolling in the Group program receive discounts on their annual membership rates. Membership benefits and services are the same for both programs. Mercy Flights will bill your insurance company for services provided. As a member of Mercy Flights, the insurance payment or payments are considered payment in full. Members pay nothing out of pocket for Mercy Flights services if Mercy Flights receives any payment from the member's insurance or other third-party payer. If insurance does not make any payment on that service, the member is responsible for 50% of the Mercy Flights service bill. This 50% responsibility also applies to any denied, disallowed, or non-medically necessary Mercy Flights ambulance charge, as determined by the member's insurance company or other third-party payer. This 50% patient responsibility also applies when the full charge for service is applied to the patient's insurance deductible. If a member does not have any ambulance coverage insurance, they are responsible for 50% of the Mercy Flights service bill. In cases where insurance does not pay the full amount due or pays incorrectly, the member is responsible in assisting Mercy Flights to ensure proper payment from the insurance company. Mercy Flights membership benefits apply only to services rendered by Mercy Flights for all eligible household members.

Member Eligibility: Eligible households consist of all persons who are dependents on your tax form or permanent residents of the same single-family occupancy, non-commercial residence, living together as a family unit. In addition, disabled children and physically dependent parents will continue their membership if they move from the household into a care facility.

Notice to Members: Mercy Flights annual membership fees are non-refundable. The application and payment must be received by Mercy Flights Inc. prior to any ground or air transportation occurs. New members have a 15-day waiting period before the plan is active; however, Mercy Flights Inc. retains the right to waive that waiting period for unforeseen events occurring during that time 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 due to, 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.

Adding Members: The Head of Household has 90 days to notify Mercy Flights of new family members (i.e. newborn and/or adopted children). Members must be on the account at the time services are rendered to be considered eligible for membership benefits for their transportation costs. In cases of divorce or separation, the Head of Household must notify Mercy Flights within 90 days to remove the previous partner from the account. The membership is not divided into two separate households. The member who remains at the primary address on account becomes the Head of Household and retains membership.

Reciprocity: Mercy Flights ground ambulance assigned service area includes all of Jackson County, except the areas served by Rogue River Fire or Ashland Fire & Rescue. Mercy Flights has reciprocity agreements for ground ambulance services with only these organizations, as well as Glendale Ambulance Service in Douglas County. As a member, if you receive a service from one of these agencies, they will honor your Mercy Flights ground membership in accordance with their membership benefits.

California Members: State law requires an annual signed member agreement in addition to the Knox Keene form. State law also allows for the purchase of Air Ambulance services only. Members are permitted to pay for 12 months of membership at a time.

Groups: Groups consist of at least 5 separate households and adhere to group guidelines. Groups appoint a group coordinator who is the only contact with Mercy Flights on behalf of all members of the group. The group coordinator will be responsible for gathering enrollment forms, payments and adding new members/updating existing members by the deadline outlined in the Membership Agreement. Payments and enrollment forms must be submitted together by the group coordinator via U.S. mail or in person at our office. All payments must be submitted through the group coordinator. These are the only two ways payment will be accepted. Mercy Flights reserves the right to change Terms of Agreement at any time without notice.