

**Galesburg Hospitals' Ambulance Membership Application**  
**\*Open Enrollment: April 1, 2011 thru June 30, 2011\***


**Primary Member Information:** \*Office Use Only\* Member # \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Members Signature: \_\_\_\_\_ 

Add. Household Members \*Signature required if over 18

1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Signature: \* \_\_\_\_\_

2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Signature: \* \_\_\_\_\_

3) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Signature: \* \_\_\_\_\_

**\*Payment Must Accompany Application\***      \_\_\_ \$68.00 Single Membership    \_\_\_ \$80.00 Household Membership

\_\_\_ Check                      Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_ Money Order              Verification Number: (last 3 digits from signature box on back of card) (Required) \_\_\_\_\_

\_\_\_ Master Card

\_\_\_ Visa                          Signature: (Required for Credit Card) \_\_\_\_\_

**\*\*\*By signing this application, I hereby state that I have read and agree to comply with the Terms of Agreement as outlined.**

**Commonly Asked Questions**

- ◇ **What will a membership do for me?**  
The membership provides the benefit of paying for non-covered services at a reduced rate.
- ◇ **Who is covered by a Household Membership?**  
All permanent residents of a member's household or a spouse who is residing in a nursing facility.
- ◇ **Is a membership an insurance policy?**  
No, the membership is not/nor is it intended to be an insurance policy. The membership is a plan that will help cover out of pocket expenses.
- ◇ **I don't have medical insurance or I have a high deductible plan, can I still purchase a membership?**  
Yes, for those persons not covered by insurance or who have a high deductible, the membership provides a 50% discount on the total cost of ambulance services provided.
- ◇ **Why do I need a membership if I have insurance?**  
Even if you have insurance, full ambulance costs are seldom paid and some claims are denied entirely.
- ◇ **What types of services are covered by the membership plan?**  
The membership covers medically necessary ambulance transports. *"Medically Necessary"* means there must be specific medical need for transport by ambulance. GHAS requires physician certification for all non-emergency transports.
- ◇ **Will I receive a refund if I cancel my membership?**  
No refunds will be issued. The membership fee will be used to help offset the cost of continuing education, training, and the purchasing of equipment.

## TERMS AND CONDITIONS MEMBERSHIP 2011-2012

I am applying for membership with Galesburg Hospitals' Ambulance Service (GHAS) for myself and my family members listed herein.

Family memberships include head of household, spouse at home or in nursing home, and any permanent resident of the household. I understand and agree to the *following terms and conditions*.

**This is NOT an insurance policy or supplement.**

Membership fees are nonrefundable/nontransferable. Annual enrollment drives are conducted April 1– June 30. Membership coverage year is May 1, 2011 through April 30, 2012

**MEDICAL NECESSITY – Ambulance service must be medically necessary**, usually as determined by a physician. GHAS reserves the right to determine medical necessity for non-emergency service. **Emergency transports are situations in which a member has sustained injury, sudden illness or trauma.** Non-emergency transportation excludes such immediate, life threatening needs and may require a physician authorization and/or a certificate of Medical Necessity form as a condition of transport.

**COVERAGE** – benefits include Ambulance transportation (emergency & non-emergency) to and from Hospitals in the GHAS service area. Emergencies have first priority. Non-emergency transports other than hospitals (e.g. clinics, doctor's office, dialysis etc.) require medical necessity and are subject to the member discount privileges below.

**IMPORTANT! MEMBER PAYMENTS/DISCOUNTS** – Membership DOES NOT guarantee no out-of-pocket expense for ambulance service. Where benefits are available we will bill Medicare/Insurance. **When there is NO medical health insurance or other benefits plan which pays for ambulance service, or if Medicare/Insurance deems the transport was not medically necessary the member will receive a discounted ambulance bill of 50% off the total charges and shall be responsible for payment directly to GHAS.** GHAS agrees to pursue all payer sources prior to billing the member the discounted rate of 50% off.

**ASSIGNMENT/THIRD PARTY REIMBURSEMENT** – In consideration of the membership services provided by GHAS described above, and except as hereinafter provided, I hereby assign on behalf of myself and the other persons covered by this membership, all rights and benefits under all medical and health insurance policies (or plans), and any other benefits or plans which would provide coverage for ambulance services. GHAS will file a claim with all available policies or plans for each ambulance service. I agree and consent to GHAS filing for and collecting payment for services provided to me or other persons covered by this membership under any and all Medicare or health insurance policies, plans or benefits. Any payments made directly to the member must be turned over to GHAS in full, immediately. Failure to provide necessary information concerning available insurance or medical benefits, or failure to forward any amount paid for ambulance service shall result in revocation of membership. As a member, if my Medicare/Insurance plan provides no payment for ambulance services, I understand I will be responsible for payment of services at the discounted rate noted above.

**ILLINOIS DEPARTMENT OF PUBLIC AID** – The membership is voluntary, in most instances you are covered and do not need the membership.

**PROTECTED HEALTH INFORMATION** – By signing the application, I understand my privacy rights concerning protected health information (PHI) about me and I agree to consent fully to the uses and disclosures of PHI by Galesburg Hospitals' Ambulance Service as outlined and fully described in the "Galesburg Hospitals' Ambulance Service Patient Privacy Notice," a copy of which I may request at any time.